R.N.

A JOURNAL FOR NURSES

Capitol Hearings

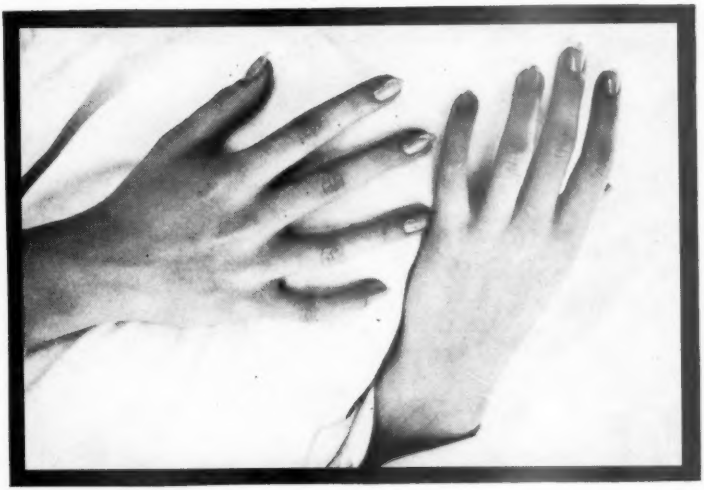
The Vanishing Heart of Nursing

The X-ray and I

October 1956

Your gentle hands need the extra protection of PACQUINS HAND CREAM

to stay soft and smooth



There is nothing like Pacquins Hand Cream for extra-dry skin... it's lanolin-rich. Pacquins gives more hands protection than any other hand cream in the world. Never greasy or sticky; vanishes quickly.

Pacquins was originally formulated for professional use only.

On sale at all drug counters in U. S. and Canada

A JOURNAL R.N. FOR NURSES

VOLUME XIX • NUMBER X • OCTOBER 1956

CONTENTS

EPA NBP

R.N. October 1956; Vol. 19, No 10. Published monthly by The Nightingale Press, Inc., Oradell, New Jersey. Subscription $2 a year; 25c a copy; Canada and foreign countries $3 a year; address: R.N., Rutherford, New Jersey. Entered as second class matter, Nov. 20, 1951, at the post office at Rutherford, N.J. under the act of March 3, 1879.

COVER CREDITS: *Photographer, Walter Herstatt; cap, pin, and uniform, Mercy Hospital School of Nursing, Baltimore, Md.*

DEPARTMENTS

MANUSCRIPTS *are always welcomed by the editors—particularly those written on nursing and allied subjects by interested authors. Manuscripts should be typed, with double or triple spacing. Send photographs and/or illustrations with manuscripts whenever possible. All published manuscripts become the property of R.N. Manuscripts not accepted will be returned to their authors.*

REPRINTS *of material published in R.N. should carry the following credit line: "Reprinted from R.N.—a journal for nurses, month, year, copyright year, The Nightingale Press, Inc., Oradell, N.J." The editors are happy to grant permission, but such permission must be requested in writing before reprints are made.*

EDITORIAL STAFF

EDITOR
Alice R. Clarke, R.N.

EDITORIAL STAFF
Frances Elder, R.N.
Associate Editor
Al Graham
Copy Editor
Jo Brown
Art Director

CONSULTANTS
Janet M. Geister, R.N.
Morton J. Rodman, Ph.D.

GENERAL MANAGER
Russell H. Babb

ADVERTISING
Gladys Huss
Joseph C. Dea
Representatives
550 Kinderkamack Road
Oradell, New Jersey

A. William Stahnke, Jr.
Representative
664 N. Michigan Avenue
Chicago 11, Illinois

The Eschen Company
Representatives
3142 Wilshire Boulevard
Los Angeles 5, California
and
57 Post Street
San Francisco 4, California

CIRCULATION MANAGER
Mary Bousfield

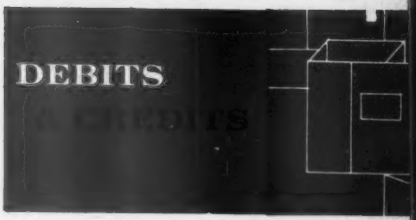
PUBLISHER
William L. Chapman, Jr.

ABOUT THE COVER

MERCY Hospital School of Nursing is an integral part of Baltimore's 300-bed Mercy Hospital, originally known as the Baltimore City Hospital. Owned by the Sisters of Mercy, who also govern the hospital, the school was established in 1899 and incorporated in 1901—one of the few nursing schools of that period separately incorporated and offering a three-year course.

Through the hospital's affiliation with the University of Maryland, instruction in medical and allied sciences is provided. Affiliations are arranged with Seton Institute for psychiatric nursing and with Mount Wilson State Hospital for tuberculosis nursing. A month of public health is an elective.

Incorporating the insignia of the Mercy Order, the alumnae pin features within a circle of blue and white a cross with an entwined scroll bearing the word "Mercy." The pin reflects the spirit of the order as well as the school, where nursing is regarded both as "a professional service and as an act of mercy in which the nurse ministers to Christ in the poor, the sick, and the suffering."



PATIENTS CAN VOTE
Dear Editor:

I wish to remind nurses that in New York State the ill and disabled can now register and vote from their beds—either in the hospital or at home. The state election law was amended last year to provide for this. Perhaps other states have a similar provision.

I certainly enjoy R.N., and have read every issue since it was first published.

ROSALIE HOFMEISTER, R.N.
VERONA BEACH, N.Y.

R.N. INTEREST IN O.T.
Dear Editor:

The articles on occupational therapy in your April issue have brought a large number of inquiries to this office—including some from nurses seeking career information for young relatives and friends. A few also have been received from R.N.'s apparently toying with the idea of changing professions.

RHETA B. GLUECK
DIRECTOR OF PUBLICITY AND RECRUITMENT
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
NEW YORK, N.Y.

OVERALL PICTURE
Dear Editor:

Expensive and inadequate nursing service is only a fragment of the total picture of medical care today. Any nurse who has been a patient, or had a member of her family hospitalized for any length of time, has been shocked to realize that the savings of a lifetime can dwindle to nothing in paying lab and x-ray bills, doctors' fees, medication costs, and hospital board and room rates.

The truth is that the uninsured middle-income wage-earner, who saves wisely all his working years, will—if he's lucky—just be able to cover the cost of the heart attack (or surgical emergency) that lies in store for him.

Proposals to study nursing service would only lead to ineffectual and wasteful efforts unless such studies evaluated the entire, unfortunate patient-care set-up.

(Mrs.) ADELE HARRIS ELKIND, R.N.
BAYONNE, N.J.

HOW EXPENDABLE?
Dear Editor:

In your June issue, Florence L. McQuillan aired many of the reasons we professional nurses are fighting so desperately for (1) a definite line of demarcation on where we are necessary (or aren't we?), and (2) support from medical men. It is rather mortifying to observe that we haven't proved the value of being professionally prepared; yet apparently there is

much room for improvement—for otherwise we could not be shelved quite so nonchalantly.

Many of us fear that our jobs are being taken by those with less training, and that eventually our three years will only be equal to their one. The general effort today seems to be replacing R.N.'s with subprofessionals instead of concentrating on preparing more and better professional nurses.

Recently, in a desperate shortage, our hospital asked the R.N. wives of staff doctors to come in and help out. Although some hadn't worked for thirty years, they courageously mastered new techniques and did a professional job with little or no refresher study —proving that, once trained, you can step in and, rusty or no, do a job.

If we make ourselves available, I believe that both hospitals and doctors will make us their first choice. Could you put out a plea to all inactive nurses to lend a hand? Morale has hit rock bottom in mos hospitals. The situation is deplorable and getting worse. We may be going down for the third time. Glub!

R.N., MICH.

DANGER AHEAD

Dear Editor:

Experience has made me well aware of what R.N.'s mean by "the practical nurse situation."

I really feel hurt and ashamed when I overhear laymen discuss

NATIONAL Wholesale Co. INC.
HOSIERY DIVISION
LEXINGTON, NORTH CAROLINA

FINEST QUALITY NYLONS
$6.95 PER DOZEN AND UP
EVERY PAIR GUARANTEED

ATTENTION:

NURSES
SUPERVISORS
HOSPITALS

You can now get your Famous National Nylons direct from National Wholesale Company. We offer the largest selection of its kind in the world. Our mailing department offers 24 hour service. Minimum order accepted, 1 Dozen Pairs.

National carries a complete line of White for Nurses. Our new "Double-Duty" S-T-R-E-T-C-H Nurse Wear Nylons in White is one of these popular styles.

Every pair of National Nylons is backed by our Iron Clad Money-Back Guarantee. Each pair must prove satisfactory in every way or a prompt refund or replacement will be made.

Write for wholesale price list, color chart and full information. Just write National Wholesale Company, Department RN, Lexington, North Carolina.

Sincerely,

Eddie Smith

Eddie Smith, Manager

BIG SAVINGS FOR PERSONAL USE! BIG PROFITS FOR RESALE!

their hospital stays—claiming the only time they saw a nurse was on rounds and when receiving medications. It isn't fair. I take pride in my work and try my best—as I know many, many nurses do; but the personnel problem is a bad one.

When administrators sacrifice reputation and good patient care by hiring nonprofessional help to "fit a budget," there is danger ahead. I have seen this done with my own eyes, and it is not a happy situation. What can the solution be?

I am expecting a baby and will be away from nursing for a while. But I feel that by reading your magazine monthly, along with other nursing literature, I shall be able to keep abreast of current developments. This will help me to step into a job more easily when I'm able to return to nursing.

(Mrs.) Claire B. Garrin, R.N.
PHILADELPHIA, PA.

NON-VOTING DUES

Dear Editor:

Your April editorial states that "less than half the nurse population are ANA members."

As a part-time nurse, I find it too expensive ($25 a year) to join the association as a full member. My associate membership does not give my voice any authority in the meetings; as a result, I do not attend—although I am vitally concerned with the nursing problems of today. Economically, it is not practical for me to pay $8 a year for a quarterly announcement of the district nur-

ses association's regular meeting.

It occurs to me that the ANA (and nursing in general) would benefit by granting voting privileges to associate members. Such privileges would undoubtedly inspire greater activity in a larger segment of the nursing population.

(Mrs.) LAURA MAE KOETKE, R.N.
STUDENT HEALTH SERVICE
VALPARAISO UNIVERSITY
VALPARAISO, IND.

SELF-ANALYSIS

Dear Editor:

I have enjoyed R.N. for years. Thanks and congratulations for your aid in helping to ease the growing pains of nursing.

Many avidly read magazines carry articles dealing with character traits essential to success. Couldn't nurses benefit by a feature of this sort, dealing with the personality traits that affect nursing?

I think nurses are wonderful people; yet often we do not recognize the glaring defects that cast an unfavorable light upon us. We all know what should be avoided; and if we were constantly reminded of these things by seeing them in print often enough, each of us could recognize her own shortcomings and contribute her share to the improvement of nursing.

For example: many of us often belittle the complaining patient with such remarks (among ourselves) as "How could he be uncomfortable? He just had a hypo!" Or, "Oh, that woman in 206—

TMTD

New Soap Germicide Proved More Effective than Hexachlorophene

The medical profession will be pleased to learn of a new advance in the development of germicidal soaps. A bacteriostat-fungicide, incorporated several years ago into Lifebuoy soap, has demonstrated a marked superiority over Hexachlorophene in the control of skin pathogens.

This new soap germicide is Tetra-Methyl-Thiuram-Disulfide, usually abbreviated to TMTD. 1% TMTD-Lifebuoy has been proved significantly more effective than 2% Hexachlorophene soap against staphylococci normally resident on the skin—both staphylococcus aureus, responsible for formation of perspiration odor, and staphylococcus albus, responsible for the growth and spread of surface skin blemishes.

In addition, 1% TMTD-Lifebuoy is extremely effective in three areas in which 2% Hexachlorophene soaps have little or no value:

1. Against such "gram negative" organisms as E. coli, which may under certain circumstances present a problem in skin health.

2. Against pathogenic fungi, such as those responsible for athlete's foot and ringworm.

3. TMTD retains its effectiveness in the presence of blood serum—Hexachlorophene loses its effectiveness.

Lifebuoy with TMTD offers other advantages which will be of interest to you. For a full report on the medical significance of the new TMTD-Lifebuoy, mail in the coupon below. We will send you the report by return mail.

LEVER BROTHERS COMPANY
DEPT. 511, 390 PARK AVE.
NEW YORK 22, N. Y.

Please send me the free TMTD-Lifebuoy booklet:

NAME _____

(Please write plainly or use printed label)

STREET _____

CITY _____ STATE _____

Offer limited to U. S. and possessions.

she's just the type who always complains!" Or, "Why didn't she tell the doctor? He was in there only five minutes ago!" I must admit that I, myself, have remained silent on hearing such remarks, and have sometimes even agreed with nurses who talk thus because I have to work with them. Often a nurse isn't very popular with her associates if she seems to take the patient's part.

Another example: Some nurses are very obviously willing to serve the doctor who is likeable, but ignore (as much as possible) the one who is hard to please. I have noticed this trait in supervisors with degrees as well as in "self-made" nurses. Should we not be more mature than that? I believe it is a lack of self-analysis that causes us to act so. As a group, we yearn for true professional status; as individuals, we should strive to be more professionally mature.

Self-analysis isn't easy, and I know that I, myself, have many faults. But I think that a column or feature article on personality traits would be very helpful to me.

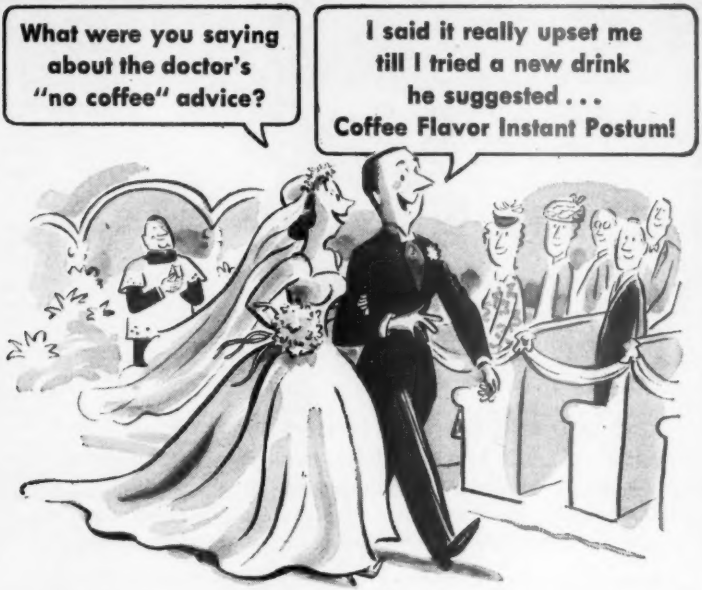
R.N., ILL.

COVER COLLECTOR

Dear Editor:

Many thanks for your fine magazine with the latest news and views in the nursing field. Would any fellow reader part with her R.N. covers prior to 1952? (I collect pictures of nurses' caps.)

(Mrs.) DORIS ROBINS SHAVER, R.N.
600 DUPONT AVENUE
DUPONT, WASH.



The easiest way to convince a patient to give up coffee is to suggest a delicious coffee substitute...it's caffein-free Instant Postum.

While some of your patients may enjoy regular Instant Postum, others may prefer new *Imitation Coffee Flavor* Instant Postum—now available for the first time! It's extra-rich and hearty.

What's more, Coffee Flavor Instant Postum offers all the regular Instant Postum benefits. It *contains no caffein* and *costs less than a penny a cup.*

Made of whole wheat and bran, the Instant Postum (Coffee Flavor or regular) in an average cupful contains only 10 mg. sodium and a mere 16 calories.

For a gift supply of both the Coffee Flavor and regular Instant Postums, write to: Postum, Dept. RN-10, Battle Creek, Mich. (Offer good in U.S. only; expires April 30, 1957.)

Regular and NEW Coffee Flavor

Instant Postum

No caffein

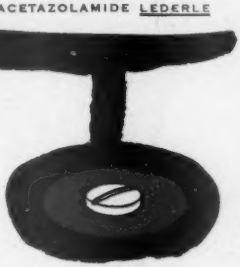
Postum is a registered trade-mark of General Foods Corporation

TANGIBLE RELIEF IN PREMENSTRUAL TENSION

another indication for

Diamox*

ACETAZOLAMIDE LEDERLE



A single tablet of DIAMOX controls fluid retention with tangible relief of symptoms of premenstrual tension such as pelvic engorgement, tightness of skin, pruritus and headache. Patients report marked improvement of physical and emotional well-being on a simple regimen of DIAMOX: one tablet daily, beginning 5 to 10 days before menstruation, or at the onset of symptoms.

Of proven value in cardiac edema, acute glaucoma, epilepsy, obesity, toxemias and edema of pregnancy, the action of DIAMOX is considered a welcome departure from that of the mercurials.[1] It is well tolerated orally and even when given in large dosage side effects are rare.[2] Excretion by the kidney is complete within 24 hours with no cumulative effects.[2]

A safe, versatile drug, DIAMOX is effective not only in the mobilization of edema fluid but in the prevention of fluid accumulation as well.[2] A single dose is active for 6 to 12 hours, offering convenient daytime diuresis.

Supplied: Scored Tablets of 250 mg. (Also in ampuls of 500 mg. for parenteral use in critical cases).

1. Krantz, J. C. and Carr, C. J.: The Pharmacologic Principles of Medical Practice. Ed. 3. The Williams & Wilkins Co., Baltimore, 1954, p. 1014.

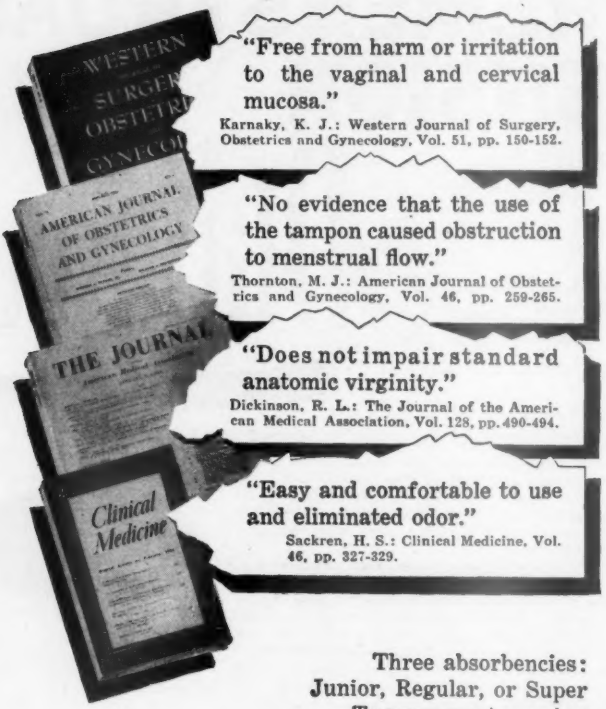
2. Goodman, L. S. and Gilman, A.: The Pharmacological Basis of Therapeutics. Ed. 2. The Macmillan Co., New York, 1955, p. 856.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

*Reg. U. S. Pat. Off.

TAMPAX

a clinically accepted method of menstrual hygiene



"Free from harm or irritation to the vaginal and cervical mucosa."

Karnaky, K. J.: Western Journal of Surgery, Obstetrics and Gynecology, Vol. 51, pp. 150-152.

"No evidence that the use of the tampon caused obstruction to menstrual flow."

Thornton, M. J.: American Journal of Obstetrics and Gynecology, Vol. 46, pp. 259-265.

"Does not impair standard anatomic virginity."

Dickinson, R. L.: The Journal of the American Medical Association, Vol. 128, pp. 490-494.

"Easy and comfortable to use and eliminated odor."

Sackren, H. S.: Clinical Medicine, Vol. 46, pp. 327-329.

Three absorbencies: Junior, Regular, or Super Tampax meet varying requirements.

TAMPAX

Professional samples and reprints of these papers furnished on request.

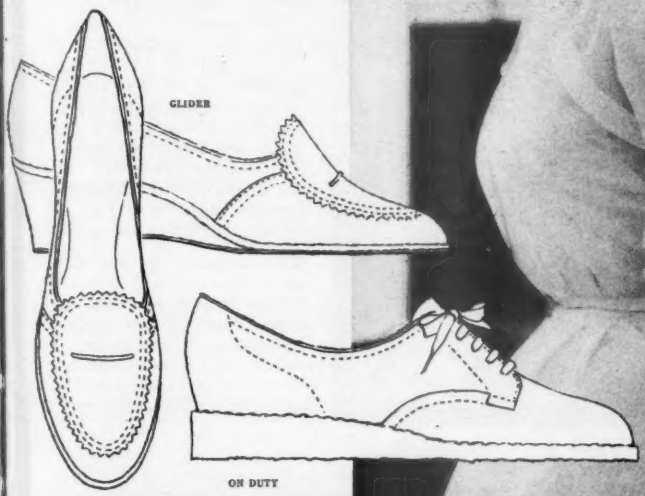
Address Dept. RN-106

Tampax Incorporated, Palmer, Massachusetts

Designed for the girl who insists on

Looking Pretty as well as Professional

Just take a look at all the smart, modern styles awaiting you in Red Cross Professional Shoes. Styles that make you feel so crisp and neat and right. Styles that bless your busy feet with the finest, gentlest fit imaginable. Visit your Red Cross Shoe retailer's. Let him fit you *expertly* in your pair.



Red Cross
PROFESSIONAL
Shoes

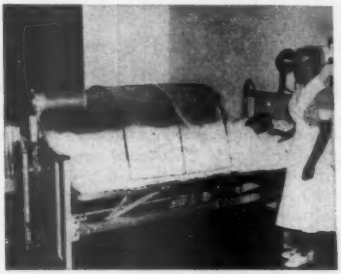
America's Smartest Selection of Modern Duty Shoes. Most styles 9.95

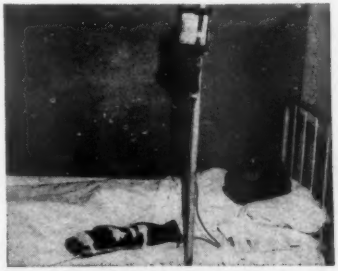
THIS PRODUCT HAS NO CONNECTION WHATEVER WITH THE AMERICAN NATIONAL RED CROSS

NEW ON THE MARKET

Bedsores are said to be prevented and helped by the Alternating Pressure Point Pad, a vinyl plastic pad with air cells that are inflated and deflated by an automatic control mechanism. The pads are available in appropriate sizes for beds, iron lungs, and chairs. Further information is supplied by The R. D. Grant Co., 805 Hippodrome Building, Cleveland 14, Ohio.

Control of odors is the important function of the Kleen-Air Odor Tent designed for patients with burns, cancer, osteomyelitis, gas gangrene, and other conditions marked by offensive odors. The tent, which may be mounted on regulation hospital beds, was engineered and developed by Howard S. Caldwell Co., Lancaster, Ohio.





The plastic Blood-Pack is described as an air-free closed system offering better blood with an irreducible minimum of hazard to donor and patient. Developed by Fenwal Laboratories, Inc., Framingham, Mass., over a five-year period, the equipment is claimed to provide freedom from hemolysis, contamination, air embolism, and stoppage or slow-down.

AN ADVANCE

in the treatment of vaginitis

new... simple... effective... topical therapy

Clinical evidence shows Sterisil Vaginal Gel to be highly effective not only against Trichomonas and Monilia, but against the newly discovered pathogen *Hemophilus vaginalis* (now believed to be the etiologic organism most frequently responsible for so-called "non-specific" vaginitis and leukorrhea).*

High tissue affinity of Sterisil assures prolonged antiseptic action; vaginal secretions are less likely to remove Sterisil from the site of application. Sterisil is also more convenient for the patient. Fewer applications are required for successful treatment.

Acceptable to patients, Sterisil Vaginal Gel is easily applied, won't leak or stain, requires no pad. Signs of local or systemic toxicity or sensitization have not been reported.

Dosage: One application every other night until a total of 6 has been reached. This treatment may be repeated if necessary.

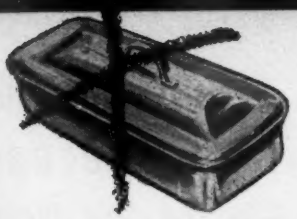
Supplied in 1½ oz. tube with 6 disposable applicators. Instructions for use are included with each package.

*Gardner, H. L., and Dukes, C. D.: Am. J. Obst. & Gynec. 69:962 (May) 1955.

STERISIL® VAGINAL GEL

Brand of hexetidine

WARNER-CHILCOTT



For Patient Protection

Your PETROLATUM GAUZE MUST NOW BE U.S.P.

The U.S. Pharmacopeia—Revision XV[1]—lays down the following specifications for making petrolatum gauze:

1. Gauze and petrolatum must be sterilized separately:—
   a) Dry Gauze to be sterilized in an autoclave at 121° C. (250° F.) in an atmosphere of steam for 30 minutes.
   b) Petrolatum to be oven-heated to 170° C. (338° F.), then maintained at 165°-170° C. (329°-338° F.) for two hours.
2. Components must be combined aseptically.
3. The finished product must meet U.S.P. sterility tests[2].
4. Each petrolatum gauze unit must be packaged individually to maintain sterility.

(1) U.S.P. XV, pp 304-305. (2) U.S.P. XV, pp 841-846.

VASELINE® PETROLATUM GAUZE *is* U.S.P.

AND COSTS LESS THAN MAKING YOUR OWN PETROLATUM GAUZE

OK

For further information, write
CHESEBROUGH-POND'S INC.
New York 17, New York

VASELINE is the registered trademark of Chesebrough-Pond's Inc.

High concentration

Topical Salicylate Therapy

for safer, more effective relief of rheumatic pain

High concentration topical salicylate-menthol therapy (BAUME BENGUÉ) offers safe, penetrating relief of painful joints and muscles caused by overexertion.

■ *Topical salicylate therapy is being rediscovered* as perhaps the safest, most effective remedy for aching joints and muscles.

Increased percutaneous absorption of salicylate, with enhanced blood flow through the affected tissue is provided by BAUME BENGUÉ, offering up to 2.5 times more methyl salicylate (19.7%) and menthol (14.4%) than other topical salicylate preparations. In arthritis, myositis, bursitis and arthralgia, BAUME BENGUÉ induces deep, active hyperemia and local analgesia.

Lange and Weiner suggest the term "hyperkinemics" to describe preparations such as BAUME BENGUÉ which produce blood flow *through a tissue area.* They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin. (J. Invest. Dermat. *12*:263, May, 1949.)

Two strengths: *regular* and *children's.*

THOS. LEEMING & CO., INC.
155 E. 44th Street, New York 17, N. Y.

Menthol-induced hyperemia plus high local concentration of salicylate has been rediscovered as one of the most promptly effective remedies for rheumatoid discomfort due to exposure.

Baume Bengué

ANALGÉSIQUE

infantile scurvy up 3½ times in ten years

Parental neglect of the prescribed antiscorbutic regimen is found by a southern hospital to be an important cause of increased infantile scurvy—nearly 1 per 1000 hospital admissions in 1950-54 or 3½ times as high as a decade earlier.[1] Similarly, neglect of adequate citrus intake by many teenagers[2] results in frequent C-minus nutrition at the very age when needs for vitamin C reach a peak.

HOW CITRUS MEETS VITAMIN C NEEDS AT ANY AGE

	Rec'd Daily Allowances (mg. vitamin C)	Orange Juice (fl. oz.)	or	Alternate Citrus Sources
Up to 3 yrs.	30-35	3-4		
4-12 yrs.	50-75	5-8	or	or or
13-20 yrs.	80-100	8-10	or	+ or
over 20 yrs.	70-75	7-8	or	or or
pregnancy and lactation	100-150	10-15	or	or +

Key: ½ grapefruit · 1 orange · 1 tangerine

Florida Citrus Commission, *Lakeland, Florida*

1. Woodruff, C.: J.A.M.A. 161:448, 1956.
2. Mack, P. B.: Conf. on Res. in Med., Lakeland, Fla., Mar., 1954

New Way to Wash Face

Brings Clearer, Softer Skin— Often in Just a Few Days

First requirement for good grooming is a thoroughly clean, smooth skin. Complexion defects that prevent good appearance, such as unsightly blackheads, externally caused pimples or excessive oiliness, often exist because of improper cleansing. With correct soap-and-water cleansing, almost immediate improvement is evident. Blemished skin begins to clear. Oily, dry or normal skin takes on new softness, freshness, brighter, more attractive tone.

Right soap as important as right method. Soap that dries the skin should never be used. It may cause lasting damage. (If the skin is oily it is often corrected with proper cleansing and dieting.) *The best complexion soap for every type of skin*—the mildest, gentlest, least drying, least irritating, kindest to your skin, according to skin specialists—*is superfatted soap.*

Cuticura Soap is fully superfatted, as specified in medical literature. What is more, it is superfatted with 4% Cuticura Ointment, noted for soothing, healing, emollient qualities, and so helps maintain the natural moisture and normal healthy acidity of the skin, repair damage, protect against irritation. Those who make a regular habit of using Cuticura Soap twice daily are almost invariably distinguished by soft, smooth, radiantly lovely skin.

And here's sensational news! Cuticura Shampoo—better than soap shampoo, better than soapless shampoo because it combines the best features of both—now comes in a plastic squeeze bottle! Only 79¢ at leading drug counters.

Cuticura

PRUNES: There's a new booklet available called "The Nutritive Values of California Prunes." In it you will find the reasons why prunes are so highly valued in the diets of sickness and health. CALIFORNIA PRUNE ADVISORY BOARD. **J 1**

ANATOMY: Human skeletons, models, mannikins, charts—all of the teaching aids so important in nursing education—are described in literature offered by DENOYER-GEPPERT CO. **J 2**

DRESSING: "Knuckle-Band" is the name of an adhesive dressing for hard-to-bandage areas such as elbow, nose, chin, jaw. Literature and samples. MEDICAL FABRICS CO., INC. **J 3**

VITAMINS: Literature describes Vifort Polyvitamin Drops and Vidac A-D-C Drops. Also supplied is a 15 cc. professional sample of Vifort Polyvitamin Drops. ENDO PRODUCTS, INC. **J 4**

REGULATORY THERAPY: Clinical information about constipation and its correction, prepared primarily for physicians, is shared with nurses by the AMERICAN FERMENT COMPANY, manufacturers of Caroid and Bile Salts Tablets. A sample is also provided. **J 5**

CLEANING SOLUTION: Weck Cleaner is a pleasantly scented powder which, in directed solution, provides a cleaner for instruments, catheters, gloves, etc., prior to sterilization. Samples are offered. EDWARD WECK & CO. **J 6**

BREAST PADS: Naturally contoured, soft, non-irritating, highly absorbent, and retentive. That's how the makers describe Lacta disposable breast pads, for postpartum use. A sample package of two pads is available. SEAMLESS RUBBER CO. **J 7**

SUTURE DISPENSER: Advance catalog sheets give the details about the Dean Suture Rack, pre-loaded for operating room use, and other recently introduced new surgical items. UNITED SURGICAL SUPPLIES CO. **J 8**

FOR FURTHER INFORMATION ON ANY ITEM MENTIONED HERE, SEE COUPON BELOW

..... **CIRCLE DESIRED ITEMS, CLIP COUPON, AND MAIL TO** .....

READERS' SERVICE DEPT.
R.N.—A JOURNAL FOR NURSES
ORADELL, NEW JERSEY

October, 1956

Coupon void after Dec. 30, 1956

Please send me information on the following items. . . .

J 1 2 3 4 5 6 7 8

NAME _____ **R.N.**

STREET _____

CITY _____ **ZONE** _____ **STATE** _____

TYPE OF NURSING _____

(PLEASE PRINT OR TYPE)

This patient needs chocolate pudding...

Low-calorie **D-ZERTA PUDDING**

No wonder she's feeling sorry for herself. It's no fun counting calories and living on proteins and lettuce.

Put sweet, rich-tasting *D-Zerta Chocolate Pudding* on that diet menu. It contains no sugar, and there are *as little as 54 calories in a serving.* D-Zerta Vanilla, Chocolate and Butterscotch Puddings are sold at food stores everywhere.

There are *only 12 calories* in a serving of *D-Zerta Gelatin.* It comes in six famous Jell-O flavors and makes bright, tempting desserts and salads.

Made by the makers of Jell-O desserts—for those who must watch their sugar intake.

D-ZERTA PUDDINGS and GELATINS

D-Zerta and Jell-O are registered trade-marks of General Foods

When
You
Recommend
Steam
Therapy

Vicks VapoRub's 7 volatile ingredients will enhance the soothing relief

When steam therapy is indicated for croupy coughs, bronchial congestion and laryngitis, suggest Vicks VapoRub as a logical additive. VapoRub's 7 volatilizing ingredients enhance the efficacy of the treatment by soothing the dry, irritated membranes, loosening the phlegm and restoring normal breathing. In steam, it works fast, brings dramatic relief. Your patients will rest easier.

VapoRub is used by 3 out of 5 families as a chest rub. That's why most of your patients will have it on hand ready for use, when you recommend its use in steam therapy. VapoRub can be used with full benefit in either a vaporizer or bowl of steaming water.

For Professional Samples of Vicks VapoRub just fill in the handy coupon

VICK CHEMICAL COMPANY
Dept. RN 15, Box 1813
Greensboro, N. C.

Please send me, without obligation, a supply of Vicks VapoRub samples.

Name_____

Address_____

City_____ Zone____ State_____

A Look Inward

¶ The trouble with nurses is . . . but then pointing a finger at the inadequacies of the nursing profession and its practitioners has just about been adopted as a national pastime, with the result that some within the profession would like to issue a cease-and-desist order.

But before we agree that nursing is being made sport of, that it has become the "whipping boy" for all the defections in the growing health field; or admit that its uncertainties are constantly being replaced by its indecisions—let's, in the next few months, explore together the nurse's role in modern nursing, the nurse-patient-doctor-hospital relationships, the professionalism of nursing and nurses, and how well-versed nurses are in the language and psychology of the sick.

Collectively, let's try to gain a new or better understanding and awareness of what confronts our profession. For before we can individually observe and locate the trenchant nursing problems affecting each of us, we must recognize the various factors that create, lead up to, or aggravate the problems. Identification has to be our first step: if more of us aren't aware of what is happening to nurses and patient care, we are sure to spend another non-productive decade going around in the closed circle of frustration.

As a young, *dependent* profession, with (let us make our first self-conscious admission here) many members not yet having reached professional status, we have in the past been handicapped and blocked by lack of knowledge, education, research skills, research people, and financial wherewithal to remedy any of these deficiencies. However, of more recent date, we have been as aware of our inadequacies as we have been of our inabilities to cope with them. That is, some have been aware; others have believed that nurses have become too introspective, too self-critical. Actually, we are just at the threshold of an objective and subjective awareness of the underlying problems of

EDITORIAL

nursing. In the next decade, we most likely will recall the ten years following World War II as the profession's priming period; a decade in which nursing was preparing itself for its role as a bona fide, *independent* profession.

The rapid and accelerating changes in nursing have made us all more conscious of the profession's and our own future. Through painful and costly experience, many of us have learned we can no longer just look to the future, or guess at the future, or just simply let the future come to pass. Preparation, projection, and prediction have, by now, been built into our professional thought processes. Preoccupation with futurity may have its humorous side at times [and we editors have had fun pointing it out], but a serious glance backward should sharpen our perspective. At the turn of this century the clinical thermometer was in the doctor's hands only. By the Thirties all nurses were entrusted with taking temperatures, and some were even recording blood pressure readings. And now we are trying to update medical practice acts to make the current practice of I.V. administration by nurses legal. What is in store for professional nurses in the future? Who can predict?

This past nursing decade has been crowded with crises and climaxes, and there aren't any published guarantees that the next will not tax our gray matter even more. However, our optimism runneth over, for we now can see the possibility for the realization of desired goals. Nevertheless, the inevitability of continuing and new unpredictable problems will never allow us to enjoy the foolhardy complacency of the past.

No one—individual, organization, or profession—enjoys problems. Yet most of us have a conscience about them. It has been nursing's conscience that has turned the profession [*Continued on page* 71]

Capitol hearings

BACKGROUND: One of the most controversial proposals in nursing —a bill creating a government commission to study nursing services—has met with both praise and protest by the health professions. It has also met with *apparent* defeat, for after hearings on the subject this June, the second bill introduced for this purpose (H.J. Res. 485) was killed in a House subcommittee.

Loudest objections came from the Board of Directors of the American Nurses Association, now at odds with the bill's author, Representative Frances P. Bolton (R., Ohio). (The objections, however, lost some of their punch last May—one month before the hearings—when ANA delegates in convention enthusiastically endorsed the idea of a national *non-governmental* commission to conduct a comprehensive study—not limited to nursing services.) Also ranged against the Bolton proposal was the American Hospital Association which had already suggested an alternate plan for a *non-governmental* commission.

Supporting the bill were the American Medical Association, the National Association for Practical Nurse Education, and a large number of individual nurses and friends of nursing. H.J. Res. 485 also carried the blessing of the Department of Health, Education, and Welfare, with the reservation that priority be given to bills offering federal grants for practical nurse training and R.N. traineeships. (Such legislation was passed this July.)

At this time, it's important to note that the Bolton bill's demise is more apparent than real—it has not stopped congressional interest in nursing problems. Expected by the end of this year is a House subcommittee study of what changes are needed to provide patients with better care. The obvious conclusion: testimony given at subcommittee hearings has convinced congressmen that nursing and the whole field of patient care are matters of national concern, and deserve more attention.

What's troubling nursing? Plenty, say some testifying for and against legislative proposals.

spotlight 'The Nursing Dilemma'

FOR three days last June a congressional subcommittee conducted hearings in Washington on two legislative proposals of direct interest to nursing. One was a bill to provide funds to increase the number of adequately trained professional and practical nurses. The other was a resolution to establish a Commission on Nursing Services.

The bill, H.R. 11549, met with no opposition. It was supported in testimony by Dr. Lowell T. Coggeshall, special assistant in the Department of Health, Education, and Welfare, and by several other leaders and organizations in the health and nursing fields. (It was passed by Congress on July 27 and provides $5,090,000 in grants for advanced, graduate, and vocational training for nursing and auxiliary health personnel.)

The commission resolution was another story. Introduced by Congresswoman Frances P. Bolton (R., Ohio), H.J. Res. 485 proved to be the major topic of discussion during the hearings.

In her opening statement, Representative Bolton had this to say about the controversial resolution.

"What I am proposing is the setting up of a fact-finding and study commission, under government authority, and enjoying the prestige of the Federal Government, to gather together, correlate, and analyze studies which have been made on the subject of patient care, to explore such new areas as have not yet been covered by previous studies, and to develop suggestions which may lead to constructive courses of action."

Why did Congresswoman Bolton offer the resolution? After long study of the nursing problem, she said, she came to the conclusion that the three professions directly concerned, nursing, medicine, and hospital administration, have so far been unable to arrive at a solution to the nursing dilemma. "Never once," she stated, "have we been able to come to grips with the basic reasons as to why the United States cannot get enough nurses to fill its needs."

The nursing dilemma arises, Mrs. Bolton added, from the combination of rapid technological de-

Who participated

Principal participants in the congressional hearings on nursing legislation were:

J. Percy Priest **(D., Tenn.), chairman of the Subcommittee on Health and Science of the House Committee on Interstate and Foreign Commerce.**

Kenneth A. Roberts **(D., Ala.).**

John W. Heselton **(R., Mass.).**

William L. Stringer **(R., Ill.).**

Frances P. Bolton **(R., Ohio).**

R. Louise McManus, **director, Division of Nursing Education, Teachers College, Columbia University.**

Dana Hudson, **director of nursing, Georgia Baptist Hospital, and chairman, Committee on Patient Care, Georgia State Nurses Association.**

Kenneth Williamson, **associate director, American Hospital Association.**

Agnes Ohlson, **president, American Nurses Association.**

velopment in the medical field, rapidly increasing public use of hospitals in the care of the sick, and complex and conflicting economic considerations within and among the nursing, medical, and hospital administration professions.

In a survey of 10,000 members of the health team, Mrs. Bolton found "utter lack of agreement" about what should be done about the nursing shortage. She decided that constructive courses of procedure could only be arrived at by submitting the entire problem for study and analysis to an impartial agency such as a national commission which would attack the problems from the standpoint of the patient. "The answer will be altogether too slow," she said, "if it is left entirely to evolutionary processes developed within the nursing, medical, and hospital administration professions."

Later in her testimony, Mrs. Bolton answered some of the objections to her resolution raised by the ANA Board of Directors.

"They said that no further research on the subject of nursing was necessary beyond that encompassed by their own planning . . . that a commission would only duplicate research already done . . . it would slow down any constructive legislation on behalf of nursing . . . it would inject government too much into the nursing picture.

"This attitude was rather incomprehensible to me, and could only be explained on the ground that the ANA has misinterpreted the provisions and purposes of my bill.

"The bill specifically states, as I have said before, that—*it shall not be construed as authorizing or intending any interference in the programs of study for the improvement of patient care which are being carried forward by the professional nurses organizations.*

"Instead of slowing down constructive legislation on behalf of

nursing, I think it would have exactly the opposite effect; because the findings of the commission would highlight imperative needs in this direction.

"As far as injecting Government into the nursing picture, the fact is that Government is already in the nursing picture, as evidenced by the bill introduced by Mr. Priest . . . which was discussed by this subcommittee yesterday." [H.R. 11549]

Mrs. Bolton concluded: "This H.R. 11549 does the emergency job, gentlemen, which I consider to be absolutely imperative. There is no question in my mind that we must have more teachers, administrators, and supervisors, or we cannot put more students into the schools. But we must also look into the future and see the implications of what it means to have the schools unable to do more than just meet the number of replacements for the nurses that leave the profession . . . House Joint Resolution 485 . . . is the long-range view of the whole problem of nursing the sick of America."

The "nursing dilemma" mentioned by Rep. Bolton was brought into focus by the next witness. She was Dr. R. Louise McManus. Here is a major portion of her testimony:

"The most effective way I can demonstrate why I think a National Commission on Nursing Services is needed," said Dr. McManus, "is simply to explain some of the difficulties which nurses are up against today . . . I would like to show you some slides that will show you in a little different way, I think, some of the predicaments that nurses find themselves in, and more importantly the predicament the patient finds himself in.

"When the system of hospital training of nurses was first developed and for many years thereafter, there was a close and direct relationship between the nurse and the patient, and the doctor and the patient . . . Today there is a much more distant relationship between the patient and the professional people concerned with her care.

"The doctor and the medical students, the medical technician,

CLOSE PATIENT RELATIONSHIP

the social worker, the dietitian, the physical therapist, the occupational therapist, all these other professional and technical groups, have come into the picture to assist the patient at the bedside. Many of these people come in to visit the patient for a short period of time, plan the program for the patient,

plan their services for the patient, and leave the nurse the job of coordinating . . .

"The task of the nurse coordinating, in the patient's interest, the services of the several professional workers and their technical assistance is further complicated by the multiplicity of other workers who come into the hospital ward unit every day for a variety of essential purposes . . . the poor nurse is in a dilemma trying to make it possible for the patient's nursing needs to be met.

"Many nursing leaders feel that there is really not a shortage of professional nursing personnel, but rather a gross misuse of the professional nursing skills available . . . Whether or not it is true that we would not have a shortage if we could have proper use, at least we could get more effective use of those that we have if these nonnursing duties could be taken off the nurse's shoulder.

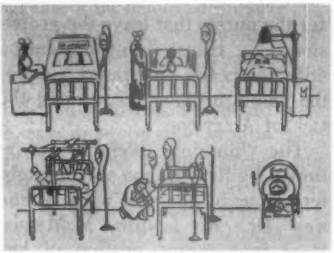
"Why should it be the responsibility of professional nurses to secure, store, and care for [patient] supplies or even to supervise these tasks which do not require specialized nursing knowledge? Nurses really want to nurse.

"There are many fragile and expensive technical supplies used in hospitals today, and they require skillful handling. Should not more nurses be relieved of the care of such technical supplies? Better use can be made of nursing skills.

"Modern hospital care requires the use of complicated and expensive equipment . . . Should nurses not be relieved of these 'plumbing and steamfitting' functions and technicians take over the maintenance of such equipment? Caring for things and not patients is frustrating to nurses.

"Many studies have shown that nurses spend up to one-third of their time on record work . . . Mechanical aids that are increasingly available to doctors for dictating medical progress reports have not become equally available for comparable use by nurses.

"The nursing aide and other auxiliary personnel are frequently prepared exclusively through on-the-job training programs. If supervision is not provided, unsafe care may be given; but time spent in such supervision eats into the time available for professional nursing care.



MEDICAL-TECHNICAL DUTIES

"As medical science has advanced, more and more tasks pertaining to therapeutic procedures and diagnostic tests have been delegated by the doctor to the nurse

. . . Where should the borderline between nursing and medical practice be drawn?

"The question of utilization was brought up before. One study showed that an average of three hours of nursing care was provided per patient per day in a group of hospitals . . . The actual situation was much worse, however, for when all the activities of the nurses were classified it was found that half the time was spent by the nurses on the non-nursing functions . . . Only 50 per cent of the nursing skills available was used for nursing."

Dr. McManus then suggested several approaches to the problems she had outlined:

1. A special instructional staff for teaching student nurses and auxiliary personnel, thus relieving bedside nurses of this function and speeding up training.

2. Organization and functioning of the nursing staff on a team basis, giving the R.N. team leader the responsibility "for identifying the nursing problems and needs of each patient, determining the course of nursing action, and developing a program of individualized care for him."

3. Broader planning within each profession for the improvement of its own services.

4. The joining of forces of all groups in the "broader planning on a multidisciplinary basis of the solution of key problems" that seriously impede the provision of medical and health services.

On this last note, Dr. McManus concluded her testimony:

"The need for nurses and the need for such collaborative efforts daily grows more acute. Unless the trend is reversed by a program of joint action, the outcome will be disastrous to the health, welfare, and security of this country . . . It is toward a program of joint action to attack this problem that the Commission is directed."

* * *

Chairman Priest: Any questions?

Congressman Roberts: First of all, Mrs. McManus, I would like to thank you. I think the subcommittee is greatly indebted to you for one of the most splendid presentations I have ever witnessed since I have been a member of the committee . . . I wonder if it is your feeling that anything can be done to bring about a somewhat better brand of teamwork so that the professional nurses could devote their skills in such a way that we could get maximum benefit from them. I assume you mean that would have to be on a voluntary basis. You do not recommend any legislation that might lighten the load, do you?

Dr. McManus: Legislation that gets at the study of some of the problems would bring to the public the plight of the patient and the plight of the nurse in trying to get a solution to these problems, and the plight of the hospital administrator and the board of trustees. It is a matter of looking at these problems together, because

nurses alone cannot solve them.

Rep. Roberts: Do you have any recommendations or do you believe that an increase in the number of practical nurses would somewhat relieve the professional nurses?

Dr. McManus: If more well-trained practical nurses could be made available to work on the nursing team under the leadership of the professional nurse, better quality patient care could be given and less expensive patient care could be given, but it needs professional leadership and you cannot dilute the team by merely adding auxiliary or practical nurses without providing the leadership.

* * *

Before testifying in behalf of H.R. 11549, Dr. McManus outlined what happened at the May 1956 meeting of the ANA House of Delegates. She said that after the delegates voted to support their board's stand against the Bolton bill, she presented her suggestion that nurses "take the initiative in securing the assistance of other health professions in planning to get underway as soon as possible a comprehensive study on a scale commensurate with the problems of the people in securing needed health care including but not limited to nursing services."

In describing the delegates' response to this idea which was later put in the form of a motion, Dr. McManus told the subcommittee: "There was a much stronger voice of support [for] the American Nurses Association taking the initiative toward bringing about such a study than there was against the present [Bolton Commission] bill." She added: "The nurses have gone on record very strongly favoring the early undertaking of such a study. And I think by their support of it they did, in fact, take the initiative in requesting such a study."

Another witness who expressed support for the Bolton resolution was Miss Dana Hudson, who made it clear from the outset that she disapproved of legislation that would "tend to socialize nursing or destroy private schools and free enterprise."

In her opinion, the fact that there are widely divergent views on nursing education was the strongest argument for enactment of H.J. Res. 485, which she believed would offer an unbiased approach to the matter.

Speaking from the standpoint of a director of nurses, Miss Hudson questioned whether emphasis should be placed on raising the level of nursing education. In some instances, she charged, this point of view has led to accrediting requirements that are liquidating hospital nursing schools and reducing the country's potential supply of new nurses. She also criticized the methods of the National League for Nursing's Accrediting Service which, she said, "has already imposed requirements upon schools of nursing that are unnecessary for the preparation of nurses who are capable of nursing the sick."

The first witness opposing the Bolton bill was Mr. Kenneth Williamson, who said the AHA's opposition to the Bolton resolution stemmed from:

1. The almost limitless scope of the proposal, a failure to spell out "specific attainable goals," and the proposal's vagueness which gave the impression that the role of nursing might be defined by the government. Also, it might repeat other study projects.

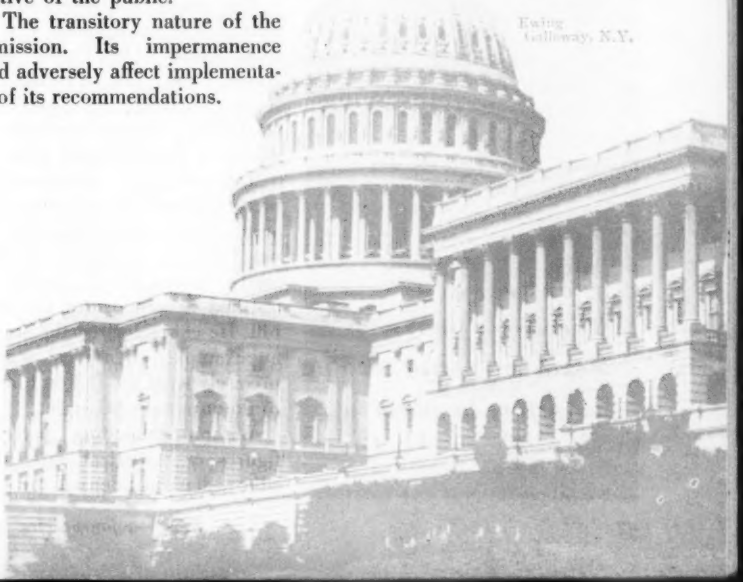
2. The method of selecting the commission. To make the President responsible for appointing commission members would impose an unnecessary burden on him. Time-consuming delays could result from the requirement that the commission report to the President. Moreover, no one on the commission was designated as a representative of the public.

3. The transitory nature of the commission. Its impermanence would adversely affect implementation of its recommendations.

Mr. Williamson then described the AHA's plan for establishing a commission on nursing services and education. Patterned after the Mental Health Study Act, the plan would authorize the Surgeon General to make one or more grants to non-governmental, independent organizations or commissions selected to study specific areas of nursing education and services.

The areas recommended for study, said the AHA spokesman, are: nurse distribution; geographical shortages of personnel or services; financing of nursing education; and educational requisites for various levels of nursing service.

One of the AHA requirements, Mr. Williamson told the subcommittee, is that commissions applying for grants must have not less



than one-third of the members selected from the public. Another is that the reports and recommendations of the organizations conducting the research be submitted to the Surgeon General, Congress, and governors of several states.

After undergoing detailed questioning on the organization of the AHA, Mr. Williamson was queried rather sharply on AHA's specific objections to the commission bill.

Congressman Heselton: I think there has been study after study after study, both national and state and communitywide. But my impression is that nothing concrete has happened . . . I ask you, what concretely has come out of any one of those studies—one specific thing?

Mr. Williamson: One example is

In sharp focus: nursing problems in Greater Cleveland

Three-year study adds depth and perspective to picture in one area

■ INTRODUCED into the record at the Washington hearings on the Bolton bill was a three-year study of nursing in Cleveland, prepared for the Commission on Nursing for Greater Cleveland by Research Associates, a Philadelphia firm actively engaged in research in human relations in many fields.

The study was completed last year. It's in three parts: The Hospital Nurse, The Public Health Nurse, and The Private Duty Nurse. Findings are based on a total of 461 written interviews with nurses in the Cleveland area.

The man who introduced this picture of nursing problems in one area of the country was Mr. Samuel Horwitz, a trustee of Cleveland's Mount Sinai Hospital. He testified in support of the Bolton bill. He characterized the study as an example, on a local scale, of precisely what the Bolton bill seeks to do on a national scale.

Without including percentage figures or statistical data, R.N.'s editors have condensed the Cleve-

that the pattern of staffing nursing services... has changed greatly. The whole nursing team concept which has made it possible for the limited number of professional nurses to spread their skills has come out of these studies.

Rep. Heselton: Is there something else [in the AHA proposal] that you think would cure some evil?

Mr. Williamson: The key, of course, to our difference of opinion, is that it is a nongovernmental organization or commission.

Rep. Heselton: In conclusion, have you seen the list of those people who formed a committee . . . in support of H.J. Res. 485?

Mr. Williamson: On the back of pamphlets I received, I have read a list; yes.

[*Continued on page* 72]

land study. The brief version that follows attempts to focus attention on the problem areas mentioned most often by the nurses who were interviewed.

The Hospital Nurse

Her number one problem is pay. Increased salary is the change in nursing she desires most and she mentions this factor frequently as the most effective way for hospitals to get more nurses. She considers low pay the reason most people withdraw from nursing.

Her attitude toward her work suffers because she feels there is no opportunity for advancement, that she is not making full use of her capabilities. She is dissatisfied with the system of promotion under which she works.

She needs more help on her own staff, she says, because she's assigned so much work that she cannot give proper nursing care.

She's concerned about her relationships with her supervisors, doctors, and nursing personnel:

From her supervisors she wants better and more supervision, more constructive criticism.

Doctors, she says, are often inconsiderate in their work relations. They're too demanding; they fail to show respect; they blame the nurse for many things beyond her control.

Her concern about relationships with fellow workers on the ward is not widespread. But she feels that lack of cooperation among the many different kinds of workers on the service causes confusion, waste, buckpassing, and chance for error.

She'd like her hospital to sponsor social activities in which she could participate. In varying degrees, she's concerned about the comfort of her work headquarters, the food in the cafeteria, her living quarters.

What's her attitude toward the nursing profession? It has many negative aspects. Most often, she does not belong to the American Nurses Association; she did not en-

ter nursing with the intention of making it a lifetime career; she has not recommended nursing to anyone within the past year.

Yet in the final analysis, this overriding fact must not be overlooked: Well over 80 percent of the hospital nurses indicated that their chief reason for being in the nursing service was the satisfaction they obtained from helping the sick. Says the Cleveland study: "This must be remembered . . . lest there be any erroneous conclusion that nurses are without altruism. Indeed they offer a selfless service, but each human being . . . can only provide this selfless service if her own needs are met as well. Failure to meet her needs, perforce, drives her from the nursing service for self-preservation."

The Public Health Nurse

Each of the public health nurse's problems interacts with every other problem. In setting up its report, the research firm that conducted the Cleveland study placed these problems in an order based partly on the percentage of responses from nurses, and partly on the estimated significance of these problems to nursing and the overall health care field.

What her field needs most, the public health nurse feels very strongly, is more public health nurses. Her workload is high, but her attitude stems not just from her desire to meet immediate needs. She has a social consciousness. She recognizes the community's need for more public health nursing service. She sees the need for additional staff to meet the job that she perceives ought to be done by the community.

She's more dissatisfied with her present system of promotion than is the hospital nurse. She feels that her present job offers limited opportunity for advancement, but this feeling is not as widespread as it is among hospital nurses.

One relatively minor source of concern: she feels that the cooperation she gets from the public is sometimes discouraging.

She considers her salary inadequate. More widespread is her feeling that salaries for the nursing profession as a whole are inadequate. Actually, she's much less concerned with the economic factor in nursing than is the hospital group.

She has less face-to-face contact with physicians. Hence, she experiences less difficulty in the doctor-nurse relationship than does the hospital nurse.

She's concerned, though, that the medical needs of her patients are not being met. She perceives an apparent lack of interest in preventive medicine on the doctor's part and she complains that some physicians hesitate to work with patients from whom they expect little or no financial return.

Her views toward supervision are similar to those expressed by hospital nurses, except that fewer of her number actually feel that

they experience poor supervisory practices. Her chief complaint against supervision is simply that she does not get enough of it.

The public health nurse, in general, feels that the personnel policies of her organization are fairly satisfactory.

Relations among co-workers present almost no problem for public health nursing groups.

Her attitude toward her profession is generally much more positive than corresponding attitudes of hospital nurses. She'd recommend nursing to friends and acquaintances. To a much larger extent than the hospital nurse, she plans a lifetime career in nursing. Yet one "appalling fact" emerges, according to the Cleveland report. "Even in one of nursing's most highly trained and professionally oriented groups, 56 percent do not support their professional organization. Many . . . who plan a lifetime career in nursing still do not belong to the American Nurses Association." The reason: Public health nurses feel that they do not get anything out of their ANA membership—certainly not enough to justify the cost of dues.

The Private Duty Nurse

[There are approximately 400 private duty nurses on the registry in Cleveland. The research firm conducting the study invited a random sample of 100 to participate. The response was poor. Only 23 nurses attended the group meetings. The report cautions that this fact places definite limitations on the generalizations which can be drawn from the study of the private duty nurse.]

She sees as her main problem the nurse who practices private duty without joining the official registry. It's not solely a matter of higher fees resulting from lowered membership. She's concerned with the possibility that these free-lancers might not be giving the standard of nursing care which the registry maintains.

Her second main problem, she feels, is that of the practical nurse and what her position in the health care field should be. There is not enough differentiation between practical nurses and registered nurses, she thinks. Practical nurses are too numerous, she adds, and their place is in the home, not in the hospital.

Neither the hospital nurse nor the public health nurse shares her opinion. Because of the shortage of nurses, the overworked hospital nurse is likely to welcome any sort of aid. Another reason for the difference of opinion: The practical nurse represents economic competition to the private duty nurse far more than to either of the other groups.

The private duty nurse does not want to eradicate the practical nurse. She wants her role defined, clarified, and delimited.

The problems of work relations barely touch the private duty nurse, in the sense that this area is one

of urgent concern. She complains that doctors are sometimes rude, inconsiderate, and uncooperative. She has a rather unfavorable attitude toward nursing, much more than the hospital nurse. Yet, judging from her responses, she does not seem to be more dissatisfied with her lot than the hospital nurse.

To a larger extent than the other two groups, she feels that relations among nursing personnel are poor. More of her number complain about supervisory personnel. She's made to conform, she feels, to outmoded regulations.

But she seems quite satisfied with the administration of the hospital and the official registry.

Her attitude toward her job is predominently favorable, and she seems satisfied financially.

ONE WORLD

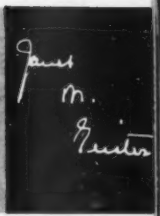
One world the world becomes
that hears one cry of pain.

Then—then, indeed—
do man-made lines on maps
and man-made barriers fall.

No mother-tongue, nor fatherland
nor racial strain, nor color-line
can stay the hands stretched forth
to soothe, to nurse, to heal
at one small cry of pain.

—Evelyn Oppenheimer

CANDID COMMENTS



On Clear Thinking

¶ The problems of nursing, like the problems of the world, aren't going to be settled by the force of guns, but only by the force of ideas—sound ideas, not born of seething emotions, but of cool, rational thinking.

The issues now before the nursing profession are of a nature and size that demand the biggest and best thinking job of all time. Our problems, like those of every group in the patient-care field, are not self-contained; they ramify. Although it has been the custom for each group to treat its patient-care problems as separate entities within its own walls, this piecemeal approach shuts out the light of full examination.

Let me illustrate. Everyone concerned has accepted the idea that the "nursing shortage" is one of our largest, most pressing problems; and too many have used this "shortage" as an excuse for almost any kind of practice. Also, the shortage is reckoned in *numbers* of professional nurses available, never in terms of conserving nurses' services and utilizing them to the best advantage.

This attitude is not new. The cry "nursing shortage" has echoed down through the decades. Forty years ago during a polio epidemic in New York State, a nurse, writing to the *New York Evening Sun*, described the nurse shortage as "the result of a demand greater than the supply," and urged the production of more nurses.

Sporadically since then, especially before and after both world wars, the cry of shortage has been in the headlines, and the demand for more and still more nurses has sounded over the land. The only marked period of exception was during the studies by the Committee on the Grading of Nursing Schools in the years overlapping the depression. At that time we were complaining of overproduction of nurses.

The recommended treatment for shortages has always been—and still is—to produce more nurses. Yet more have been produced, and the deficit still remains. The 1951 Inventory of Nurses conducted by the ANA reported a record number of 556,617 professional, registered nurses in the country. Moreover, the addition of 350,000 practical nurses and auxiliaries has apparently not solved the problem. It's pertinent to ask, therefore, whether this chronic situation is primarily a matter of *numbers*. Are there perhaps other factors involved, such as the hospital's unrestricted intake

of patients and the ineffective use of nursing service?

I cite the shortage problem as one example of the need for attacking all the problems connected with adequate patient care on a much broader and more objective scale than has ever been done before.

Until a few decades ago, nursing's progress, rugged though it was, had been achieved without major shocks. In the eighty-three years since our country produced its first graduate nurse, the profession well justified the term "A proud profession." In that time, the services of professional nurses spread far and wide; nursing education went deeper and became more scientific; nursing itself became integrated into every health plan; and the profession moved steadily away from its early subordinate position to one of professional partnership.

All of this growth was in the nature of *evolution*—a natural, unfolding process, born out of recognized new needs, and supported by a selfless profession, which though handicapped by a militaristic philosophy, was nevertheless singularly unified.

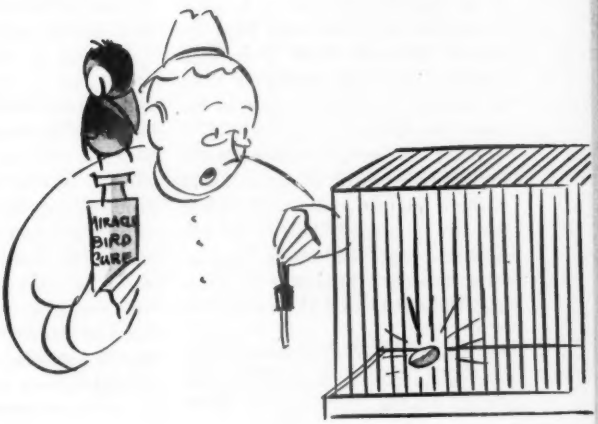
Today we are in the throes of *revolution*, a health revolution produced by the most kaleidoscopic half-century of change in the history of health. Changes have disrupted many professions in this revolutionary era, but those encountered by nursing were the largest and most disruptive. New, crushing demands for quantity and quality bore down on a profession

that was already carrying a full load. Radical changes had to be inaugurated, changes that led to severe dislocations requiring widespread professional adjustments.

Small wonder that we are confused today; that our unity has been disturbed; that many are without an anchor of conviction; and that some are without allegiance to anything higher than self. Many nurses are bitter over their separation from patients, particularly since a number of their most sacred duties have been given over to others—some of whom are grossly unprepared. One of the most ominous signs of the indifference and lost confidence that grow out of bitterness is that since 1940 there has been no appreciable gain in active membership in our national professional association, though in these years (1940-1955), over 460,000 nurses were graduated.

These conditions that cause bitterness are not brought about by people but by revolutionary changes. (Ironically, they come upon us at a time when the profession is meeting its greatest challenges and opportunities.) They cannot be treated solely by criticism. An understanding of their relation to basic causes is needed.

[*Turn the page*]



In an Indiana study, it was shown that nine-tenths of patient care was given by nonprofessional personnel and students.[1] Was this due wholly to a nursing shortage, or due, partly at least, to the fact that over 60 per cent of professional nurses' time went into records and "miscellaneous" duties? The same study showed losses in nurses' time because patients were grouped according to disease, and not according to their nursing needs. As I read this, I wondered if some of the patients who did not need skilled nursing, but who received it because they were there, really needed to be in the hospital at all.

The Indiana researchers deplore the separation of the professional nurse from the patient. They say it is not the fault of nurses. ". . . on the contrary, nurses as a class are dedicated people who work hard at a difficult job for moderate pay. The factors that hinder them in keeping the total care of hospital patients on a professional level are mainly beyond their individual control. But these problems must be solved if nursing is not to become the vanishing profession."

What are the factors beyond the individual control of nurses that militate against giving the patient the care he needs? "One of the difficulties," says Dr. Alice E. Ingmire, associate professor of nursing, University of California Medical Center, "is that the professional nurse hasn't been able to practice as a professional person. There isn't an allocation of activities so that the technical things can be carried by persons able to carry these technical duties, and the professional nurse can work with patients."[2]

I asked the same question of a dozen thoughtful nurses who are in hospital work, and no two gave the same answer. Doctors' orders, functional nursing, writing records and forms, needless steps, poor equipment, "doing what the aides won't do," interruptions by other personnel, were all given as reasons. Hospital administrators might have different answers to the question, but they, too, would probably show the same acceptance of surface conclusions. The nurses' answers actually point to more basic things, such as hospital administrative policies, interdepartmental relationships, physical layout, nursing administration, etc.

Though at this time I do not speak for or against the Bolton bill, I do wish to express my belief in the soundness of its purpose. It was an effort to uncover all the factors that keep patients from getting the nursing care they need. Such facts are needed, or we will go on forever crying "nursing shortage," the while we dissipate the energies needed for finding ways to restore professional nursing to patients.

Both nurses and hospital admin-

[*Continued on page* 78]

[1]Johnson, Everett A., and Nelson, Edward: "We Need New Patterns of Nursing Care." *The Modern Hospital* 85:52 (December) 1955.

[2]A Modern Hospital Round Table: "The Autocrat vs. the Innkeeper." *The Modern Hospital* 85:51 (September) 1955.

NEWS CAPSULES

NEWS A state-wide study of the nursing shortage by a fifteen-man commission won legislative and gubernatorial approval in Massachusetts recently. In New York, a similar study to extend for five years, at an annual outlay of $100,000, has been recommended by a committee of the State Department of Education.

NEWS A recent decision of the Ohio Supreme Court makes charitable organizations (including hospitals) totally liable for negligence on the part of their employes. Thirteen other states reportedly have similar rulings on the statute books.

NEWS For exceptional service in promoting safety, the *Journal of the American Association of Industrial Nurses* has received the latest Public Interest Award of the National Safety Council. The award was presented to Mrs. Margaret S. Hargreaves, editor of the magazine.

NEWS Those technical specialists (including nurses) from abroad who have received government-sponsored training in the U.S. are to be aided further by follow-up information (in the form of technical journals, bulletins, and personal answers to requests) through a new program initiated recently by the International Cooperation Administration. Professional societies, including the American Nurses Association, are participating in the project, which aims to assist some 31,000 such persons—about half of whom are said to live in countries which have few or no professional organizations of their own.

NEWS A three-week workshop on rehabilitation nursing is scheduled for Oct. 29-Nov. 16 at Rancho Los Amigos Hospital, Hondo, Calif. Details are available from University of California Extension (Los Angeles 24), which is sponsoring the project in cooperation with the U.C.L.A. School of Nursing.

NEWS The National Library of Medicine, authorized by recently enacted legislation, is slated to take over all functions of the Armed Forces Medical Library in a new structure of its own. At last report, the site had not yet been selected.

NEWS Manufacturers of tranquilizing drugs have been asked by the Food and Drug Administration to reduce the recommended dosage on their labels and in literature distributed to physicians. Excessive use, the agency warned,

may adversely affect a patient's mental state and cause peptic ulcers or ulcerative colitis . . . The FDA has also informed the public that the Hoxsey cancer treatment has been found to be worthless and that "Its sale represents a gross deception to the consumer." The treatment, which employs drugs as a remedy for internal cancer and is practiced at Hoxsey clinics in Dallas, Tex., and Portage, Pa., allegedly "costs the patient $400 plus $60 in additional fees."

NEWS In a report to Wisconsin's State Board of Nursing, a fifteen-member commission, appointed to develop a state-wide plan for nursing education, has recommended that the present three-year course be supplanted experimentally by a two-year diploma program, with a one-year internship as an added requirement for taking registration exams.

NEWS Reorganization of the Blue Cross Association, with a full-time paid staff, will enable large firms having employes in several states to obtain national coverage on a single contract basis, according to a recent announcement, which adds that participating plans will provide the service on a local basis.

NEWS Rutgers College of Nursing, Newark, N.J., inaugurated last month what is said to be the country's first M.S.-degree program for the clinical study of psychiatric nursing. Financed by a federal grant of $263,000 to cover a five-year span, the program will offer courses of twelve-months duration for nurses with B.S. degrees. Eight fellowships, worth $2,400 each, became available for the 1956-57 year.

NEWS New York State Association of Industrial Nurses holds its fifth annual conference at Hotel Syracuse, N.Y., Nov. 2-4. The program includes discussions on industrial hygiene and medical therapy, as well as a tour of the Gordon Hoople Hearing and Speech Center at Syracuse University.

NEWS Roosevelt Hospital, New York City, has opened a 16-bed unit for the intensive treatment of mental patients in the semi-private and ward categories, with the individual's stay limited to six weeks. Chronic, senile, and custodial cases are not accepted. Treatment methods include electro-shock therapy as well as individual and group psychotherapy. A day service for outpatients was also scheduled to be added.

NEWS *Mary Margaret Korfonta,* head nurse in the outpatient department at Georgetown University Medical Center, and *Josephine Hanks,* school nurse at San Mateo (Calif.) High School, will accompany the U.S. Olympic team to Australia next month as officially appointed assistants to the

[*Continued on page* 80]

IDEA OF THE MONTH

The Vanishing Heart of Nursing

by Emma Harling

TODAY'S R.N. is well groomed, well educated, and skillful. She knows a great deal about body function, body chemistry, the newer drugs, and the improved techniques of postoperative and rehabilitative care. Working side by side with members of the medical profession, she has learned to give I.V.'s and treatments with a deftness that often surpasses that of the physician. Yet despite all this, there is something missing at the core of nursing—something vitally essential to the human being who is ill.

I refer to that inner feeling by which the nurse senses the unspoken needs of the patient—the stricken individual who is reaching out for support in a situation fraught with anxiety and fear.

The average person doesn't count upon being hospitalized. For the most part, he thinks of illness as something which happens to the other fellow—not to himself. So, when it does happen to him, his whole world topples. This is the nurse's opportunity to help allay the anxieties which invariably accompany illness, acute or chronic, of long or of short duration.

Recently, a nursing instructor who was conducting refresher courses for older nurses, and who was amazed by the way patients responded to the care these nurses gave, asked this pertinent question: "What did these women learn in nursing school that we aren't teaching our students today?"

As an older nurse myself (class of 1926), I believe I can answer that question in part:

First of all, we were taught that nurses are trained specifically to care for the sick; that the patient and his needs come first—above all else; that the education of nurses is secondary. We didn't *talk* about total care of the patient; we *gave* it.

Please don't misunderstand me. I wouldn't want the old days back with their twelve-hour duty and only a half-day off (if we could get it) once a week. We provided many services in those days which now can be done, and are being

done, by persons less well-trained than the R.N.; but our specific job was the care of the patient, and we were rightly jealous of that prerogative. We knew our patients personally and they knew us.

Not long ago I had occasion to be a patient for a few days. (I had not been in a hospital for several years.) I entered as a wheel chair emergency case. An R.N. took me to my semi-private room, told me to get into bed, and left me. After one of the other patients had shown me where to put my clothes, I climbed into bed unassisted—but with considerable difficulty. In my day it would have been inexcusable to leave a patient until she (or he) was safely in bed.

After a while another R.N. came in and skillfully gave me a hypo. Later she gave me an I.V. She did a beautiful job and I had the utmost confidence in her skill. She checked the fluid at regular intervals; and when the I.V. was finished some three hours later, she expertly removed the needle and equipment. But that was it; no word or move to find out if I was comfortable for the night. (Oh, how a sick patient needs to be "tucked in"!) My pillow was hard; the bed needed lowering; but nobody came in. I finally fell into a restless sleep.

I know that nurses are busy and that an acute shortage exists; but some of those little things (which mean so much to the patient) take very little extra time if the nurse is already in the room. Perhaps in the old days we did too much for our patients—if that be possible; yet there was a great deal of satisfaction, for patient and nurse alike, in so doing.

I also realize that patients today are encouraged to help themselves as much as possible, since this often speeds recovery; but when one is sick, a few little human touches add mightily to one's peace of mind. This holds true whether they be given in line of duty or not.

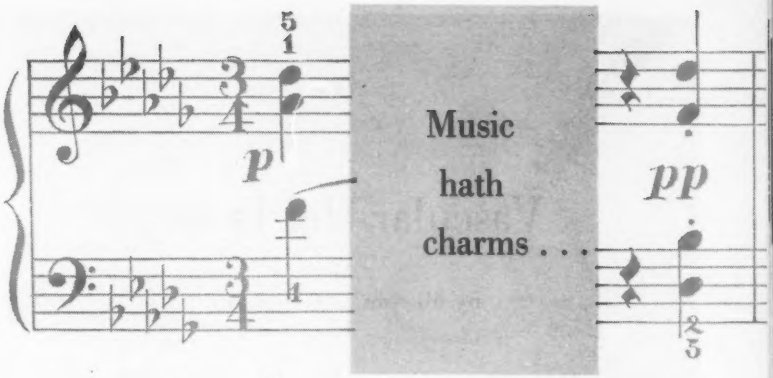
During my four-day stay in the hospital, I saw four different R.N.'s, and only for as long as it took them to give me a medication or treatment. I wasn't even told their names, and I presume they didn't know mine. To them I was probably "No. 3 in Room 405."

I wish I could honestly say that mine was a unique experience; but in talking with many ex-patients, including numerous R.N.'s who have gone back to their own hospitals for surgery or medical care, I have heard the same story: something is missing in nursing.

In the old days, nurses made rounds with doctors. Perhaps they still do in some hospitals, but they didn't in my room. I suppose that the privacy of the doctor-patient interview may have brought this change about. Oddly enough, however, patients in a semi-private room seem to be better informed about one another's condition than the nurses.

I recall, for example, what hap-

[*Continued on page* 84]



THAT music has definite effects on the heart and blood pressure has been known for many years. Back in 1918, doctors found that soothing melodies in the minor mood caused a fall in blood pressure. Since that time, numerous experiments have proved that, from a psychotherapeutic standpoint, patients are benefited by listening to tones, scales, arpeggios, piano pieces, songs, and orchestral works. Vocal music is judged to be the least effective, while an orchestral work seems to have the same relaxing effect on arterial tension as a piano piece.

In a series of cases of emotional high blood pressure I, myself, have used the following musical compositions with very gratifying results: *Bach:* Concerto in D Minor for Violin; *Bartok:* Sonata for Piano; *Beethoven:* Sonata No. 8 in C Minor; *Boccherini:* Concerto in D for Flute and Strings; *Borodin:* Quartet No. 2 in D; *Brahms:* Quartet No. 1 in G Minor; *Bruckner:* Mass in E Minor; *Chopin:* Sonata in G Minor for Cello and Piano; *Debussy:* Pour le Piano; *Dvorak:* Sonata in F; *Franck:* Quintet in F Minor for Piano; *Gould:* Spirituals for Orchestra; *Handel:* Sonatas Da Camera, 5 and 6; *Haydn:* Sonata No. 1 in E Flat; *Hindemith:* Nobilissima Visione; *Ives:* Symphony No. 3; *Liszt:* Les Preludes; *Marcello:* Concerto in C Minor; *Mendelssohn:* Sonata No. 6 in D Minor; *Messiaen:* Visions de l'Amen; *Mozart:* Mass in C Minor; *Prokofiev:* Sonata No. 6; *Rachmaninoff:* Isle of the Dead; *Ravel:* Sonatine for Piano; *Scarlatti:* Motette Da Requiem; *Schubert:* Mass in E Flat; *Schumann:* Fantasia in C; *Tchaikovsky:* Swan Lake Ballet; *Vivaldi:* Concerto in A Minor.

—EDWARD PODOLSKY, M.D.

Vascular Headache

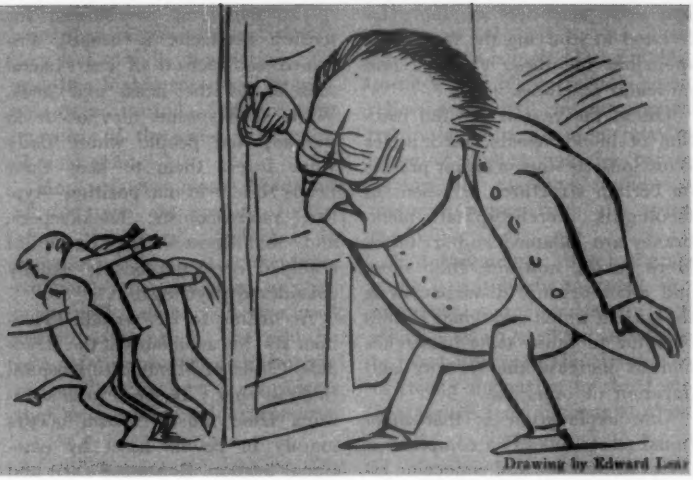
by Morton J. Rodman

HEADACHE is one of the most common of human complaints. Few can claim complete freedom from occasional cranial pain, and some 12 million Americans are said to suffer from chronic headaches. That this is, indeed, the "aspirin age" is shown by figures for salicylate production in the U.S. for a recent year—more than 7,000 tons, or enough to supply every man, woman, and child with more than 100 tablets apiece.

While most headaches are helped by swallowing a couple of aspirin tablets or by taking a short nap, frequent ones may warrant medical attention. Like other persistent pains, recurring headaches may signal a structural or functional disorder, and should not be ignored. Chronic headache may indicate such serious organic ailments as brain tumors or abscesses, meningitis, and other dangerous diseases. Only after a thorough physical examination can the doctor rule out the presence of a condition requiring surgery and other heroic lifesaving measures.

Actually, more than 95 per cent of recurring headaches are said to stem from relatively simple causes that can be readily corrected. Often, all that medical men need do is to rid the patient of infected teeth, prescribe proper eyeglasses, or clear up a sinus condition of allergic or infectious origin.

Other headaches, especially those of the vascular type, such as migraine, tension headache, and hypertensive headache, are not so amenable to treatment. However, recent research has revealed a great deal about the physiological



Drawing by Edward Lear

and emotional mechanisms responsible for such headaches; and doctors are already applying the findings in programs designed to reveal and overcome these basic causes.

Neurologists have long known that the brain itself is insensitive to pain. But just where pain originates in the brain was discovered only recently by Cornell University's Dr. Harold Wolff and his coworkers who studied the reactions of patients undergoing brain surgery under local anesthesia. By pinching, pulling, and applying electrical currents to various structures within the crania of these conscious volunteers, the neurosurgeons were able to map the pain-sensitive areas and to learn what sort of stimuli set off the pain impulses.

Among the structures most sensitive to pain are the large arteries and veins arising from the surface of the brain and the base of the skull. Anything that distends, displaces, or presses on branches of these blood vessels or on the membranous covers of the cranium tends to stimulate pain-sensitive nerve endings. Structures outside the skull may also serve as sources of pain impulses: most sensitive to traction and distention are the arteries of the scalp. In addition, contraction of muscles in the neck, face, and scalp, and irritation of nasal and sinus membranes may cause head pain.

While it is helpful to know that most headaches result from a ballooning of the blood vessels in or near the brain, and from tightening of skeletal muscles of the scalp

and neck, scientists are more interested in studying the factors responsible for these vascular and muscular reactions.

Often, the reason for the reaction of blood vessels and muscles is obvious, as when a tumor presses on certain structures or when, in meningitis, cerebrospinal membranes are inflamed and irritated. More subtle, however, than these and other organic disturbances is the way in which emotional factors combine to cause some headaches and to increase the severity and duration of others.

One explanation is that emotional stress sets off a complicated series of nervous and endocrine reactions that relax the smooth muscle walls of the blood vessels and send skeletal muscles into spasm. These reactions may discharge an excessive number of nervous impulses over the autonomic nervous system, releasing neurohomones, such as adrenalin and acetylcholine, at nerve endings in the blood vessels.

Another theory is that histamine release may cause headaches—certainly, the injection of histamine and such other vasodilator drugs as the nitrites can cause a pounding headache.

In any case, most authorities agree that emotional conflict, either conscious or unconscious, plays a vitally important part in initiating at least one type of headache—tension headache—a syndrome said by some to outnumber all other types of headaches combined.

The triggering mechanism for tension headache is usually sustained contraction of the skeletal muscles of the head and neck. While such spasms may occur in well-adjusted people whose daily work forces them to keep their heads rigidly in one position—typists, microscopists, bookkeepers, and seamstresses—the cause of cramped neck muscles is usually considered psychogenic.

According to Dr. Arnold Friedman and his associates at the Headache Clinic of Montefiore Hospital in New York City, head pain stemming from muscle spasm occurs mainly in people beset by emotional tension. Repressed rage and resentment against a beloved family figure or an unfavorable and frustrating life situation may set off various physical symptoms, including headache.

The typical tension headache sufferer may also complain of other ailments, such as an oppression in the chest, heart palpitations, dizziness, nausea, vomiting, and constipation. In describing his headaches to the doctor, he may tend to exaggerate the extent and duration of the pain. He, or she—for nervous headaches are twice as common in women—may appear apprehensive, ill at ease, and irritable.

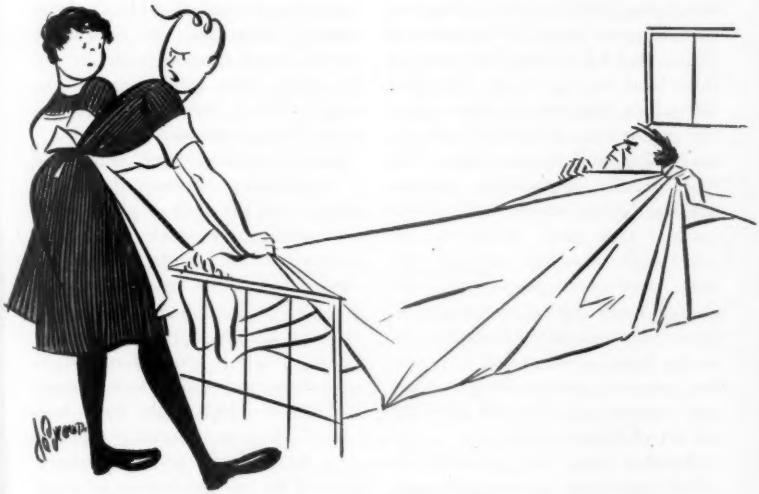
This does not necessarily mean that such people are neurotic, nor that their headaches are imaginary. While a few, for whom such symptoms serve an unconscious symbolic purpose, may convert any sensation originating in the head

into a "hysterical" headache, the pain of most tension headaches is very real. Usually, the victims, who are often highly successful in business or professional life, are quite unaware of the emotional origin of their pain.

Most psychosomatic headaches of this type are readily, though often temporarily, relieved by drugs. Aspirin alone, or combined with such other analgesics as phenacetin and codeine, will give quick symptomatic relief. The addition of a sedative, such as phenobarbital or one of the new tranquilizers, such as reserpine or chlorpromazine (Thorazine), may also temporarily reduce or abolish tension headaches. Meprobamate (Equanil, Miltown) is a double-barrelled weapon, relieving anxiety by its central tranquilizing action and relaxing tensed voluntary muscles by reducing the excessive outflow of motor impulses from the spinal cord.

Unfortunately, drug therapy alone is not likely to result in a permanent cure; drugs are most effective when used as an adjunct to psychotherapy. The significance of strong suggestion by the doctor is apparent from the results of one

PROBIE



"EVERYTHING'S REGULATION EXCEPT THE PATIENTS."

recent study in which 55 per cent of the patients responded favorably to treatment with a placebo.

This does not mean that the patient must submit to deep psychiatric probing. A friendly family physician, who is willing to spend some time listening to the patient and gaining his confidence, may be able to help him solve the personal problems responsible for his headaches. If he senses that his doctor is sincerely interested and sympathetic, he may tend to talk more freely about factors causing anger, guilt, aggression, and other destructive emotions. Often, the opportunity to air hidden feelings allows him to develop new insights into the cause of his headaches.

Many people, of course, will not admit, either to themselves or to the doctor, that their headaches are of emotional origin. A mixture of shame and false pride may prevent them from having insight into their difficulties. But even in these cases, the doctor may be able to help by reassuring and re-educating: The most rigidly recalcitrant patients are willing to unbend a bit when assured that their headaches are not a sign of serious organic disease; and most people do have enough knowledge of the way emotions affect bodily functions to profit from a simplified explanation of how unconscious conflict can contract muscles and alter the caliber of blood vessels.

Another type of headache in which emotional stresses and conflicts apparently play a part is migraine. Doctors have noted that those who suffer periodic sieges of migraine headaches often seem cut from the same personality pattern. These individuals are usually described as intelligent, ambitious perfectionists; motivated by feelings of inadequacy and insecurity, they tend to drive themselves intensely. Attacks often come during or at the end of a period of tension and fatiguing work, often ruining a weekend or holiday.

Allergy, endocrine imbalance, and heredity may also be responsible for migraine. Studies, showing that the migraine victim has an unusual number of relatives similarly afflicted, have led some authorities to suggest that one may inherit an unstable autonomic nervous system. Subjected to the stress of coping with unfavorable environmental situations, an overactive system could discharge streams of impulses that would cause the body's blood vessels to constrict and dilate excessively.

Recent studies have confirmed a relationship between the blood vessels and the various phases of a typical migraine attack. It has been shown that the cranial vessels are constricted in the first phase, just prior to onset. During this period of about half an hour, the face may be pale, vision blurred or otherwise disturbed, and certain sensory and motor defects of the limbs may occur. These prodromal symptoms may be relieved and the attack aborted by administration of vasodilators, including inhalation of

amyl nitrite or a mixture of carbon dioxide and oxygen. The application of heat also helps overcome cranial artery constriction and muscle contraction.

During the headache phase, the cranial arteries are markedly distended. The pulsations of these dilated arteries are believed to pull on pain-sensitive nerves, causing a throbbing type of pain. Later, as the dilatation persists, the vessel walls may harden, at which point the pain turns into a dull, steady ache. Reaction to pain, which seems to initiate a vicious cycle, sends the neck muscles into spasms, causing long-lasting pain.

Treatment of migraine attacks depends mainly on measures for decreasing the amplitude of the vascular pulsations. The most effective of the vasoconstrictor agents for this purpose is ergotamine tartate. Injected intramuscularly, this drug acts within 30 to 45 minutes to constrict the vessels and diminish pulsations. In over 90 per cent of cases treated in this manner, headache is reduced or eliminated.

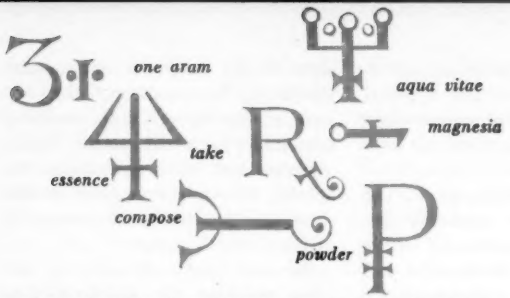
Ergotamine, however, may cause side effects, such as nausea and vomiting. To counteract this, as well as the nausea and vomiting associated with the attack itself, atropine and other belladonna alkaloids are sometimes given at the same time for their anti-spasmodic and anti-emetic action.

Because migraine sufferers are often relieved by drinking hot black coffee, caffeine has been combined, more or less empirically, with ergotamine in oral and rectal preparations. Just how caffeine improves the action of ergotamine was not entirely clear until studies showed that caffeine also constricts cranial vessels. This new evidence fits in with the fact that some heavy coffee drinkers suffer headaches when they can't get the beverage, presumably because the vessels in and around the head dilate when deprived of the drug's supporting action on cerebrovascular muscle tone.

The sustained systemic vasoconstriction caused by ergotamine generally prevents its use in most patients with peripheral vascular

[*Continued on page* 86]

RECENT pedometer recordings have evoked the comment that perhaps nurses should be paid by the mile instead of by the day or month. In Chicago, a surgical nurse reported that she walks about two and a half miles daily in the O.R. In Seattle, an assistant head nurse averaged three and a half miles making daytime rounds and nearly twice that distance on the evening shift. At the same hospital, a head nurse covered eight miles on an average day—while a student nurse reportedly did thirty-five miles on a very busy day and twenty-one more the following day when things weren't quite so hectic.



ERGOTAMINE TARTRATE U.S.P. *(Anti-cephalalgic)*

PROPRIETARY NAME: Gynergen

PHARMACOLOGY: Used principally in the prevention and relief of migraine headaches, ergotamine tartrate, which is neither an analgesic nor a sedative, is believed to constrict blood vessels in and about the head. The resulting decrease in vascular pulsations often relieves the typical throbbing headache and may abort the attack quickly and completely.

DOSAGE: The drug is most effective when administered parenterally in a dose of 0.25 to 0.5 mg. as early as possible in the attack. Dosage may be repeated, but not more than 1 mg. should be given in a 24-hour period. The drug may also be given orally or rectally, sometimes in combination with caffeine.

UNTOWARD ACTIONS: Nausea and vomiting are fairly common; numbness, tingling, and pain in the extremities from prolonged use may be signs of ergotism. It is contraindicated in pregnancy, diseases of the peripheral blood vessels, and severe arteriosclerosis.

HYDROXYZINE DIHYDROCHLORIDE *(Tranquilizer)*

PROPRIETARY NAME: Atarax

PHARMACOLOGY: Hydroxyzine is a newly introduced tranquilizing agent for reducing anxiety and tension in neurotics and in normal people whose somatic complaints have an emotional component. These conditions include headache, dysmenorrhea, pruritus, and gastrointestinal spasm. Restlessness, hyperactivity, and excitability associated with the climacteric and with certain geriatric and pediatric conditions are also said to be quickly reduced or eliminated by the drug.

DOSAGE: Doses range between 10 and 100 mg. by mouth daily, depending upon the needs of the individual patient.

UNTOWARD ACTIONS: Hydroxyzine is claimed to be free from major side effects and toxicity. However, because of relative lack of experience with the drug, patients should be closely observed for unusual reactions. Drowsiness is the most common side effect.

DRUG DIGEST

ALSEROXYLON N.N.R. (*Hypotensive-Tranquilizer*)

PROPRIETARY NAME: Rauwiloid

PHARMACOLOGY: Alseroxylon is an extract of Rauwolfia serpentina root, containing reserpine and other alkaloids which reduce high blood pressure, relieve anxiety, and slow the heart. It is especially effective in the mild, labile type of hypertension with associated anxiety-tension. By gradually lowering the arterial blood pressure, the drug reduces the number and severity of hypertensive headaches.

DOSAGE: Most adults respond to about 2 to 4 mg. daily by mouth (equivalent to 200 to 400 mg. of the whole root or 0.4 to 0.8 mg. of reserpine). However, as the response is variable, the optimal level of dosage is best determined over a trial period of one or two weeks and adjusted accordingly for each individual.

UNTOWARD ACTIONS: While severe toxic reactions are rare with oral administration of the usual doses, a number of annoying side effects, such as drowsiness, diarrhea, and nasal stuffiness, may occur.

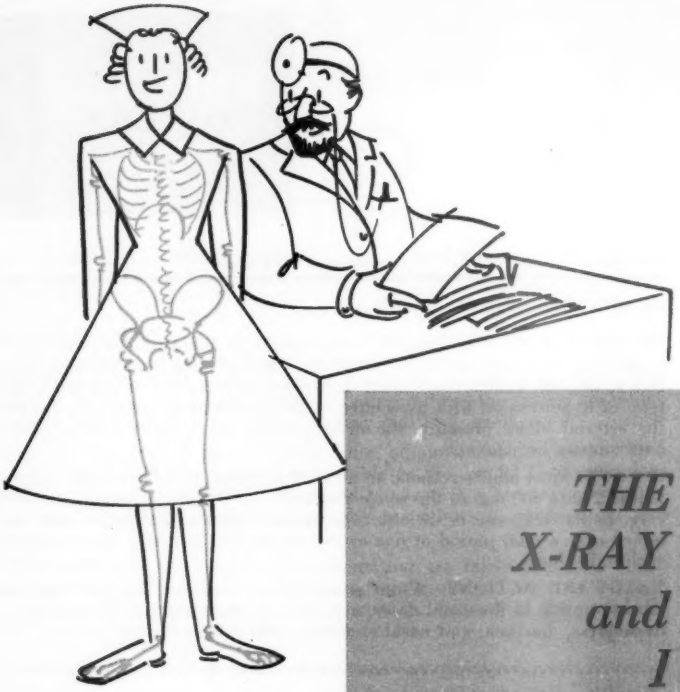
DIPYRONE *(Analgesic-Antipyretic)*

PROPRIETARY NAME: Conmel, Methampyrone, Pydirone; also available in products marketed under the generic name, dipyrone.

PHARMACOLOGY: Dipyrone has been widely employed in Europe and more recently in this country for the relief of pain in headache, neuralgia, arthritis, and other conditions in which salicylates are commonly used. It may also be used in alleviating the more acute pain of renal and biliary colic. It has the advantage of being non-narcotic.

DOSAGE: Dipyrone is administered both orally and parenterally, alone or in combination with other analgesics. The average oral dose is 0.3 Gm.; in severe pain, a dose of 0.5 to 1 gram may be administered parenterally.

UNTOWARD ACTIONS: Because this drug is a derivative of aminopyrine, the patient should be watched closely for any signs of agranulocytosis, which might develop in hypersensitive individuals.



THE X-RAY and I

VIENNA-BORN, he was a part-time radiologist, part-time general practitioner, and full-time bundle of nerves. What he wanted was a technician (which I wasn't); but when I mentioned my R.N. status, he hired me on the spot.

"The x-ray, I will teach you," he promised, favoring me with a smile and a wink.

The teaching program began the very next morning.

My first hour of orientation was disarmingly serene. From a steady stream of broken English, I gathered that Doctor loved his precious equipment more than life itself and I was to do likewise. Then we came to the darkroom containing processing tanks, hangers, and film chest. This scientific Hole of Calcutta had barely room for two persons standing upright, much less one bent over—the position I

by Mary Catellier

would assume when unloading and reloading film holders.

"And here," said Doctor, "is the little red light by which you will see to work."

"Where?" I asked.

"See?" said Doctor happily and optimistically.

I guessed so, and promptly banged my head on some objects overhead that turned out to be hangers on which films were to be clipped for processing. Doctor promptly demonstrated with an imaginary film, clipping the air onto one of the hangers with precise and exacting motions.

After the tour and lecture, Doctor hoped anxiously that I was ready for a trial run. His final word was that if I left his nice films in the developer too long, they would be as black as midnight on a moonless night. If I didn't leave them in long enough, they would be white, shadowless things that would tell him nothing. There was a timer I could set, but I must peep at the film now and then, using only the little red light. He made it nerve-wrackingly clear, too, that he and Senior Technician would do all they could in the "taking" but that the true artistry of the picture was up to my developing skill.

Using my wrist as a model, Doctor took a lateral view, then escorted me and his precious film to the darkroom. As I started to close

the door on his worried face, he said plaintively, "You did not put the patient's film identification slip into the printer on the wall."

"I did not have a slip," I said, automatically imitating his precise manner of speaking.

"You *always* have a slip," he said in a pained way. "You *always* have the film in your right hand and the slip in your left hand. *Put* the slip in the printer." And he kept his accusing, dark eyes on me until I had stuffed an imaginary slip into the printer on the darkroom wall. He then closed the door securely behind me, and there I was—me and the darkness and that film! My eyes, not yet adjusted to the feeble red light, could see nothing. Proceeding mainly by "feel," I struggled through each step of the developing procedure.

"All right?" Doctor's voice from outside conveyed the impression that such might not be the case. "If you have 'fixed' my film, you can open the door a little bit and come out now."

Fairly certain that I had "fixed" it, but good, I cracked the door and slid through to the outer world. Doctor then opened the door, plunged into the darkroom, turned on the viewing light, pulled out the film, and rinsed and hung it.

"Ach!" he said, as if another Mona Lisa had been created. "Good. It is good." He beamed at me happily. "A little too light, maybe. But, no, I don't think so. You did fine. Fine!"

As I began breathing again, he added, "And now, we will try a real patient." After taking two views of a man's chest, Doctor told me, "Reload your cassettes with film a little faster this time," and shut me up in the darkroom. Making good time, I stepped out of the darkroom, full of confidence. Doctor stepped in, "peeped" to make sure the pictures were fixed, made a satisfied sound, turned on the light, and hung the films.

Standing behind Senior Technician, who was behind Doctor, I peered over both their heads and said in a voice of great awe, "His heart—it's on the wrong side!"

Doctor shot me one quick backward glance. "It's downside-up," he said, as if the whole world were in that condition. "And too dark. Much too dark."

"The timer—," I stammered.

Doctor snapped, "You do not listen to the timer, not much. It is the eyes that tell you."

Mine had not told me a thing. But I decided that if the first picture had been a little too light and these two were much too dark, maybe I had something to build on.

The days flew by, and I did progress. No longer did I get films downside-up, and the contrast of my pictures pleased Doctor tremendously. I was beginning to acquire some self-confidence . . .

Then one afternoon when Doctor hung one of my beautifully developed gastrointestinals. I was amazed to see a long, curling something in the small intestines.

"What's that?" I asked, eager to

increase my diagnostic knowledge.

"*That*," said Doctor with scathing condemnation, "is a hair," and he made a long sweeping, curling motion. "Never, NEVER again, put a hair in my cassette."

I tried to point out that I hadn't exactly put it there, but Doctor was already on the way to the corner store for a hair net—which he personally applied to my offending head, repeating, "Never, never put a hair in my cassette!"

I didn't. I moved on to other and finer things, to wit: (1) Scratching a stomach with my finger nails (offending nails immediately filed down to stubs); and (2) permitting a chest and a colon to get stuck together in the dryer. Only once did Doctor admit that this second awful thing had happened to Senior Technician and even to him, himself. He was careful to add, though: "But it is not again to happen to you!"

It didn't. There was not much else left to happen. In fact, the lab became so dull that one day Doctor decided I should learn to "take" x-rays.

It was an opportune time, for we had both a spine and a chest waiting in the dressing rooms. "I will show you on the patients," said Doctor. "We are set up for a spine. Bring me first the spine."

I brought him first the spine. With exacting instructions, Doctor showed me how to take the picture,

HAIR-DO HINT

LILLY DACHÉ offers this "emergency pick-up" for oily or bedraggled coiffures—so often the bane of a nurse's busy life:

Part the hair in narrow strips. Spray scalp (not the hair) thoroughly with light toilet water or cologne. Rub scalp and hair with finger tips until the liquid dampens the hair. Let dry a few seconds. Then brush firmly back from the hairline, pushing hair immediately into place to reform your normal coiffure. Next, with the scented liquid wet a few locks here and there (where the "accents" in your hair-do are) and make pin curls. Let these dry while you bathe and dress. At the last minute, brush them out—and you're all set for that "heavy date."

This method, says Lilly, is "surefire." But she adds this warning: If used too often, it's apt to dry your hair.

then sent Senior Technician into the darkroom to develop it while we took the chest. Doctor positioned the patient (hugging the upright Bucky), showed me how to make the machine settings, and instructed the patient how to breathe. But the patient was pure Italian, and the message didn't get through. This didn't perturb my multilingual employer, however, who promptly switched over into the Italian version of: "Take a deep breath. Now HOLD IT! DON'T BREATHE! DON'T MOVE!"

At this moment, the phone rang. Doctor said to me, "It is all set up. You take it." And his little feet pattered off into his office. Swinging the lead-backed door between me and the x-ray tube, I pushed the button, then hurried over to return the patient to his dressing room. But Patient kept hanging on to that upright Bucky, hugging the film as if for dear life. What's more he wasn't breathing! Doctor had told him not to.

"All right, you can breathe," I said, taking in a big breath to show him what I meant. The flaw with that was he already had his breath *in*. What I needed was a quick way to get it *out* because by this time he was turning a bit dusky. Slapping him smartly on the back, I loosened his hands from the Bucky as the breath came out, then led him back to his dressing room. As I slid the film out of the Bucky, Doctor scurried back in.

"All over with the patient?" he inquired happily.

"Almost," I said, trying to explain what had happened, but ending up with the vague feeling that here among Italians and Viennese, it was I who was the "foreigner."

Next morning Doctor took out an insurance policy to cover anything I might do that wasn't strictly according to Wilhelm Konrad Röntgen.

My first real solo was a wrist. Selecting the proper film, I positioned the view painstakingly, threatened the patient with dire calamity if he so much as twitched a navicular bone, re-checked my machine setting, swung the lead door, and *proudly pushed the button!* Then I discovered that the big tube which takes the x-ray was still away over *there* instead of over *here*. But kind-hearted Senior Technician slipped me another film through a cautiously opened crack in the darkroom door, and this time I wound up with a wrist which so delighted Doctor that he said, "You keep the five dollars. Your first picture—such a good job!"

If my conscience prodded me about that spoiled film, it was entirely relieved the afternoon we did the barium enema—afterward referred to as "The Trail of the Barium Enema." But I won't go into that . . .

No, you didn't have to be a registered nurse to work for this Viennese radiologist. You had to be typist, file clerk, lab assistant, physiotherapist, and, oh yes, an x-ray technician—and it didn't hurt to be multilingual besides!

Such expressions as "the dejected, miserable look and the dull, glassy eyes" of a migraine patient offer diagnostic clues, states an article in Parke, Davis & Co.'s *Therapeutic Notes* (Aug. 1956), which urges doctors to observe facial expression, coloring, and contour.

Small-fry dressed in "reflectorized" clothing can be seen by night drivers as far as 1,200 yards away, says 2-5 World News *(Aug. 1956). The treated material glows when car lights sweep its surface.*

A virus vaccine, tested on soldiers at Fort Dix, N.J., reduced hospitalized cases of respiratory disease among recruits by over 80 per cent, according to the Army's surgeon general. Another successful field trial of a vaccine against grippe-like respiratory illnesses is reported by the PHS and the Navy.

Flour beetles, described in American Druggist *(July 16, 1956) as easy-to-maintain, tractable laboratory animals, help Rutgers University (N.J.) scientists evaluate the effects of protein on growth.*

A report on thirty-four sleepwalkers and sixty non-sleepwalkers, in the *U.S. Armed Forces Medical Journal* (Aug. 1956), showed that more of the former had had enuresis, tantrums, nightmares, and acrophobia. Somnambulists, it seems, are but superficially adjusted to life, and sleepwalking is an effort to solve problems in an acceptable way.

Bruxism (tooth-gnashing) not only fails to relieve tension but loosens teeth and leads to infection, is the opinion of Dr. Thomas E. J. Shanahan, diplomate of the American Board of Prosthodontics.

Patients with asthma, hives, and other allergic disorders have been helped by tranquilizing drugs, according to a *Philadelphia Medicine* (July 27, 1956) report of a study. By reducing symptoms and anxiety, the drugs permitted doctors to help patients understand emotional causes of their disorders.

Cancer ranks as second cause of death in most highly developed countries, states a WHO report. Cancer of digestive organs causes 39 *to* 73 *per cent of cancer deaths, with stomach cancer leading.*

A warning against "sun-tan pills" (Oxsoralen) is sounded in *Today's Health* (Aug. 1956). Centuries of use in Egypt and three years of testing in the U.S. show the drug is of some use in vitiligo, a skin-mottling disease, but that its toxic effects, ranging from abdominal cramps to coma, contraindicate its use for suntanning.

EDITORIAL

[*Continued from page* 33]

into an introspective group. And I believe, once we have been made aware of our professional shortcomings, that, metaphorically speaking, we pile more ashes on our own heads—at least, more searing incendiaries—than do those critical analysts on the outside. True introspection is a painful process. Depth probing of one's own or one's profession's unconscious premises can create such disturbing self-doubts that everything held dear—professional status, prestige, security—can be devastatingly undermined. Nevertheless, though the experience may be shocking to the professional ego, it can, for some, be a stimulant to the professional mind.

Modern nursing encourages the patient to participate in his own care, while realizing that the patient can't heal himself. He needs competent, professional skills, yet his desires can nullify or augment those skills. As individual nurses we can't, by ourselves, cure the ills of nursing, but just as we contribute to those ills, we *can* contribute by participating in the healing.

There are troubles with nurses and nursing, but correct diagnoses must be made from subjective symptoms—not overt signs. And symptoms are located in people not concepts. Next month, let's look at *nurses.*

—ALICE R. CLARKE, EDITOR

CAPITOL HEARINGS

[*Continued from page* 43]

Rep. Heselton: . . . I am sure you know that those people have given a great deal of attention to this problem and express their earnest convictions when they recommend the enactment of H.J. Res. 485. Is that right?

Mr. Williamson: I think . . . all of those people . . . are thoroughly concerned and convinced of the problem and believe it needs to be studied. There is no question about that.

Congressman Springer: Have you met the large basic problem of the supply of nurses?

Mr. Williamson: It certainly is not met, because there is a tremendous shortage.

Rep. Springer: That is the basic problem; is it not?

Mr. Williamson: I suppose, yes. If we don't have enough, certainly it is the basic problem.

Rep. Springer: Is it your thought that you can do a better job in [studying] this basic need than can be done by a presidential commission as outlined in H.J. Res. 485?

Mr. Williamson: Our feeling is, sir, that it is more likely that something will happen with the recommendations afterward . . .

Rep. Springer: I am glad to hear you say that . . . Had there been an adequate supply of nurses to meet not only your needs but the Army's needs and the others—and I admit there has been a tremen-

dous gain and demand on your people in these various associations—if that had been met, you would not have any need for these two pieces of legislation that are before you today.

I would say, whether H.J. Res. 485 is enacted or not, it will be up here again next year, the next year, and the next year. So, whether or not it is enacted this year or not, I will say that you people are . . . going to have it, if you do not want something like this to come forward . . .

If you people can do it better . . . that is fine. But there has not been anything to convince this committee in the last ten years that you are adequately getting the job done.

* * *

ANA President Agnes Ohlson presented her organization's objections to the Bolton resolution on the final day of the hearings. The association, she reported, believes that H.J. Res. 435 is not in the best interests of the public, or of the nursing profession in its service to the public.

"No group is more conscious of the problems in nursing than nurses themselves," said Miss Ohlson. "They have designed their professional organizations in such a manner as to use to the fullest the capacities of each member in seeking solutions to nursing problems. In a democratic and responsible manner nurses are now studying themselves, their role in health services, their functions, their prac-

tice, their educational programs."

Miss Ohlson mentioned a five-year program of research into the functions of nursing initiated by the ANA in 1950. Findings from these studies are being analyzed, she said, and where the studies have been completed data has been used as a basis for recommendations.

Speaking for the ANA and its claimed membership of 177,000 professional nurses, Miss Ohlson raised these objections to the Bolton commission:

"We believe the establishment of a Commission on Nursing for the purpose of calling congressional and public attention to nursing problems would be an unwarranted expenditure of public funds.

"Because the establishment of study commissions tends to delay the enactment of legislation relating to the area under study, we believe the enactment of House Joint Resolution 485 might well prevent, or delay, passage of legislation designed to meet clearly identified and recognized needs . . .

"Nursing is but one of the health professions whose services are essential to the well-being of this country. We seriously question the soundness of establishing a commission to study nursing alone."

At the conclusion of her testimony, Subcommittee Chairman J. Percy Priest asked Miss Ohlson if she would care to comment on testimony given by Dr. McManus the day before which indicated that the ANA, by action of the house of delegates in Chicago, was in-

terested in establishing a non-governmental study commission.

* * *

Miss Ohlson: I would be very glad to comment on that, Mr. Priest. . . . It was the vote of that house of delegates that we refer to the board of directors the question that they study *whether or not* the ANA should initiate any study in this regard. [*Italics ours*—Ed.]

(Moments later, Representative Heselton read aloud Dr. McManus' statement of the previous day:)

Rep. Heselton: I listened with a great deal of care to your answers to the chairman's questions. Frankly, they disturbed me very much. There is obviously a very flat contradiction in the testimony before this committee.

Miss Ohlson: We will have the stenotypist's notes made available, should you wish to see the record of that convention.

The Chairman: As I gather it, the action on the proposal made by Mrs. McManus was to refer the matter to the board of directors for study and the question that was referred was whether the ANA should initiate a study.

Miss Ohlson: That is correct.

The Chairman: If I may say, it seemed to me that there was just a little misunderstanding as to what the action that was the subject of the vote involved. I think we understood, Mr. Heselton and I, and others, from Mrs. McManus' testimony that it was the approval of the study. I gather from you

that the official motion was that it be referred to the board of directors for study.

Miss Ohlson: That is correct.

The Chairman: And I think perhaps with that explanation, as I see it, the record should not in any way question the integrity of Dr. McManus or her motives.

* * *

[The confusion over the motion incorporating Dr. McManus' suggestion for a study is understandable. It revolves around this question: Did the ANA House of Delegates pass a resolution that the board of directors should take the initiative . . . *in developing plans for a study* of nursing? Or did the House vote that the board should take the initiative in *studying* such a proposal?

In a letter of explanation to the committee following her testimony, Miss Ohlson stated that the delegate body voted to "recommend to the board of directors of the American Nurses Association that they take the initiative *in studying the question* of the ANA seeking the assistance" of other health associations in developing plans for a study.

However, a report in the June 1956 *American Journal of Nursing* stated that a resolution was presented asking that "the ANA *take the initiative in seeking* the assistance" of other health associations in developing plans for a study. The *Journal* account added that the delegates "voted to refer this resolution to the ANA Board of Directors for study as to the means of carrying it out."

In the opinion of Rep. Bolton who had consulted the Washington office of the ANA to get the exact text for her testimony, the resolution recommended to the board of directors: "That the ANA should *take the initiative in seeking* the assistance . . . etc."

Said Congresswoman Bolton: "The words 'whether or not' nowhere appear in this resolution. From all reports I have received, it was not the intent of the resolution, or of those voting in its favor, that the board should consider 'whether or not' the ANA should take the initiative. The resolution was to

the effect that the ANA should take the initiative."

* * *

How was the issue confused, and what are the facts of the matter? According to R.N.'s transcribed recordings of the convention:

1. Dr. McManus, a non-delegate, presented her idea of a study to the house of delegates. It was greeted by loud applause.

2. A New York delegate incorporated the McManus proposal into a motion, asking "that the ANA *take the initiative in seeking* the assistance . . . etc."

3. ANA President Ohlson commented on the wording of the motion, stating that it would be a directive to *have* legislation. She said, if the motion were "to study such a possibility," the board would be given greater flexibility in moving toward the timing and the study of such an important project.

4. The New York delegate agreed to amend her motion.

5. President Ohlson repeated the amended motion: "that the house of delegates recommend to the board of directors of the ANA *that they study the possibility* of seeking the assistance . . . etc."

6. The New York delegate said she would like to stress "that the ANA take the initiative."

7. Miss Ohlson said that it would take the initiative after they had studied it.

8. The delegate agreed.

Out of the confusion and apparent misunderstanding, one thing was obvious: No one knew for sure if the ANA House of Delegates, in its closing session, had voted to direct the board to take the initiative on the McManus proposal for a non-governmental study of nursing. There's a world of difference between that directive and a recommendation to study such action.

Said one member of the ANA last month: "In a matter as important to nursing and its future as the McManus proposal, there's no room for uncertainty regarding the ANA's stand. The association should refer the question back to the state associations for clarification and interpretation."]

CANDID COMMENTS

[*Continued from page* 50]

istrators have been caught in a vortex of change. The resulting interlocking problems cannot be fought through, but must be thought through. In *The Modern Hospital* Round Table in which Dr. Ingmire participated, there was considerable discussion over the disputed lines of authority between the administrator and the doctors. Following this, Dr. Ingmire said, "In this open rebellion between the administrators and the physicians, the nurses are sort of the meat in the sandwich. They get pressure from both sides. Really, it's a three-dimensional sort of pressure, because we not only have the physicians and the administrators, but we also have the patient and his family." I doubt if there is a hospital nurse anywhere who hasn't felt those pressures.

We have all been prone to accept snap diagnoses of the symptoms in nursing that reflect the dislocations and changes of the health revolution. Now we need a more scientific examination, a more objective evaluation of the causes, and a much clearer concept of what needs to be done. In nursing, we have tended to let the few think out the answers for the many. But not one of us who loves the profession and what it stands for can escape the duty to do some of the hardest and straightest thinking *ever.*

optimum nutrition...while the lady waits

NATABEC® KAPSEALS®

vitamin-mineral combination

Since optimum nutrition is important to the well-being of women in pregnancy and during lactation, dietary supplementation is frequently indicated. By providing essential vitamins, the intrinsic factor, iron, and calcium, NATABEC Kapseals contribute to better present and future health for the obstetrical patient and her child.

dosage: As a dietary supplement during pregnancy and lactation, one or more Kapseals daily as directed by the physician. Available in bottles of 100 and 1,000.

PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN

80031

[*Continued from page* 52]

team's physicians . . . *Dorothy Schnitt* has been named director of nursing service at the Salvation Army's new Booth Memorial Hospital in Flushing, N.Y. . . . *Capt. Phyllis M. Loucks, ANC,* is the author of a master's thesis, "The Training Function in Nursing Service," recently published by the National League for Nursing . . . *Mrs. Laura Read Stephens,* who received a Presidential citation for nursing services in World War I, observed her ninety-third birthday recently in Salt Lake City; and *Mrs. Susan Cook,* West Virginia's first graduate nurse, reaches her ninety-second milestone on October 2 . . . *Mrs. Clara H. Miller* is the new nursing director at the Rancho Los Amigos polio center, Hondo, Calif. . . . *Elizabeth Moser,* director of the school of nursing at the American University in Beirut, Lebanon, has been awarded the Gold Medal of Merit by the Lebanese government.

NEWS Filed for probate in Colorado recently was a will reportedly stipulating that $10,000 be divided equally among the nurses at Denver's VA Hospital, and that an unnamed sum—the residue of a $14,695 estate which has other beneficiaries—be used to provide "good coffee and cookies" in the hospital's recreation hall. Validity of the will, that of a cancer patient who died at the hospital a year ago after long-term treatment as a pauper, must be decided in the courts. Meanwhile, VA officials said that hospital employes are not allowed to accept cash gifts or bequests from patients.

NEWS Forty-five nurses were among the ninety-eight health specialists appointed recently by the U.S. Public Health Service to the inactive reserve component of its commissioned officer corps. Such officers are called up for emergency duty in times of national crisis.

NEWS Minnesota's Department of Public Welfare launched last month a five-year project aimed at relieving personnel shortages in mental hospitals and homes for the aged and infirm. Financed in part by a federal grant of $185,539, the project features a 15-month course combining psychiatric aide and practical nurse education, with students (high school graduates, aged 18 to 50) paying an estimated maximum of $240 each for their training. Detailed information about the program, which employs the services of professional nurse instructors, may be obtained from the Director, Psychiatric Aide Training Project, Room 220, 1111 Nicollet Avenue, Minneapolis, Minn.

NEWS Internal Revenue Service has issued a list of requirements which non-profit hospitals must meet in qualifying for tax

exemption as charitable organizations. Among other things, such hospitals must (1) accept patients unable to pay, and (2) not limit the use of facilities to any favored group of M.D.'s. Non-collection of hospital bills is not to be construed as charity, the agency stated.

NEWS New salary schedule at the New York Hospital offers a range of $270 to $310 per month for general staff nurses. The evening duty bonus has been raised from $30 to $40 per month, and the night duty bonus from $15 to $30.

NEWS Patients on the danger list at the Cheyenne (Wyo.) VA hospital are assured of receiving the last rites of their respective faiths, reports the local *Eagle*, crediting Mrs. Jean L. Christensen, the hospital's assistant chief of nursing service, with the development of a plan whereby ministers, priests, and rabbis administer to the patients' spiritual needs. Other VA hospitals are said to be studying the plan.

NEWS The Welfare and Health Council of New York City is offering free information for those seeking help in the selection of nearby non-profit facilities and proprietary nursing homes for the care of convalescents and the chronically ill. Council headquarters are at 44 East 23rd Street, Manhattan. Telephone: ALgonquin 4-5500.

CONTROL NAUSEA

—without interfering with peptic digestion

For indigestion or upset stomach, Pepto-Bismol is superior to alkalizers and antacids in many important ways. Its unique coating action helps the stomach return to normal without interfering with digestive acids and enzymes and without "acid rebound."

Controls diarrhea, without subsequent constipation. Unlike paregoric and other opiate preparations which are often constipating, Pepto-Bismol's demulcent coating action helps control simple diarrhea and allows bowel function to return to normal, usually within 24 hours.

Because Pepto-Bismol is so wonderfully gentle and effective throughout the stomach and intestinal tract, it has been used and recommended by practicing physicians and nurses for almost fifty years.

Pepto-Bismol®

Active ingredients:
Bismuth Subsalicylate, Salol, Zinc Phenol-sulphonate and Methyl Salicylate Synthetic in a demulcent base.
Note: The beneficial medication in Pepto-Bismol may cause a temporary darkening of the stool.

ANOTHER FINE NORWICH® PRODUCT

IDEA OF THE MONTH

[*Continued from page* 54]

pened to the patient who had had an EKG. Her physician came in and told her that she had a serious coronary condition and would have to stay in the hospital several weeks. He spoke in a kindly, reassuring way that apparently didn't alarm her; but the moment he left the room, the frightened and worried woman sat up in bed and cried.

The other patients did their best to be sympathetic and understanding, but a good nurse could have done even more. Had the R.N. on duty been present, and able to sense this woman's need, she might have been of immeasurable help. A mere touch of the hand, or a whispered word of understanding, might well be worth a hundred times more than a scientific explanation of what an EKG shows.

No doubt there are many reasons why humanness in nursing is missing—or at least is submerged (for I cannot believe it is *really* missing). Perhaps it's because of the streamlined systems of nursing service that have been developed; or because of the highly specialized scientific atmosphere of today's training programs; or because the average length of stay in the hospital is now much shorter than it used to be. I don't know the reasons why; but I *do* know that we need to restore the heart of nursing— the key factor on which our noble profession was founded.

VASCULAR HEADACHE

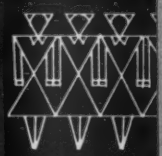
[*Continued from page* 61]

disease, coronary conditions, and arteriosclerosis. However, the drug has been used experimentally with some success in arterial hypertension to relieve the severe headaches that often incapacitate persons with high blood pressure.

Another drug claimed to alleviate the deep, dull headache of hypertension is aminophylline, a drug related chemically to caffeine. Like the latter, it may act by constricting intra-cranial vessels, or by lowering blood pressure. While the severity of hypertension headache is not proportional to the height of blood pressure, and may even get worse for a while when pressure falls too abruptly, any therapeutic measure that keeps the pressure down for prolonged periods will make this type of headache vanish. Reserpine and other rauwolfia plant preparations are used in hypertension headache because of their slow, sustained hypotensive effects as well as their tranquilizing actions.

Despite the effectiveness of new drugs like rauwolfia and old standbys like ergotamine and analgesics of the salicylate and opiate types, most drugs hold out hope for only temporary relief from vascular headaches. For a really lasting cure, most headache sufferers must learn to make more satisfactory adjustments to their troublesome life situations.

POSITIONS AVAILABLE



ADMINISTRATORS: (a) 20-bed modern hosp., complete management, two bedroom apt. avail., Great N.W. mountains. (b) 26-bed hosp. built 1952, prosperous farm area, cooperative board, $5400, mtce. RN10-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ADMINISTRATORS: Nursing Service and Education. Opportunities in various areas in all types of hospitals, schools of nursing, public health agencies. Openings for Nurse Physical Therapists in public health agencies. No fee. Apply in person or write to Nurse and Medical Placement Center, New York State Employment Service, 136 East 57th St., New York 22, N.Y.

ANESTHETISTS: (a) Outside U.S.A., Alaska, Hawaii, Tahiti, to $7200. (b) Male Nurse Anes., group of four—two M.D., 25 hr. wk., $6000, So. Calif. (c) Staff, atomic energy plant hosp., healthful mountain climate, young social group. (d) Two surg. one ob., 200 bed hosp. beautiful Florida coast, 5 day wk. (e) Progressive, new, busy clinic, wealthy mining, ranch area, 80° mean temp., SW, $6000. (f) Two, 120 bed hosp. exclusive Chicago suburb on Lake Michigan, $6000. RN 10-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ASS'T DIRECTOR IN-SERVICE STAFF EDUCATION: Masters Degree in Nursing or Nursing Education desired. Must have had experience as Clinical Instructor, Director of Nursing Service or in directing an In-Service Staff Education program. Salary for fully qualified applicant $4800 per yr. Contact Director of Nurses, Sewickley Valley Hospital, Sewickly, Pa.

ASS'T INSTRUCTOR IN NURSING ARTS: Fully accredited School of Nursing with student body of 175. Degree in Nursing Education not required but work toward degree is essential. Some teaching or supervisory experience required. Salary commensurate with qualifications and experience. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

CLINCAL COORDINATOR: For 402 bed general hospital, 3 yr diploma program, 65 students. Affiliated with Union Junior College. Good personnel policies, salary dependent upon qualifications and experience. Apply to Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

CLINICAL INSTRUCTOR: In Medical- surgical nursing, 402 bed general hosp. 3 yr diploma program, 65 students, affiliated with Union Junior College. Good personnel policies, salary dependent upon qualifications and experience. Apply to Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

CLINICAL INSTRUCTOR: Formal and clinical teaching of pediatric nursing. 56 bed pediatric unit including premature nursery. 500 bed general hospital. School of nursing with enrollment of 100. N.L.N. fully accredited. B.S. degree and/or advanced preparation desirable. Salary based on preparation and experience. Liberal personnel policies. Write to Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

DIRECTOR OF NURSES: For 50 bed general hospital. Large expansion program in progress. Supervisory experience required. Retirement plan. Salary open. Apply Administrator, Elko General Hospital, Elko, Nev.

DIRECTOR OF NURSING SERVICES: Administer nursing program in 600 bed general hospital 35 miles south of Los Angeles. Salary starts at $489 monthly with increase to $516 after six months and subsequent annual raises to $608. Pleasant climate and diversified residential and recreational facilities. 5 day, 40 hr. basic work wk; three wks. vacation, group insurance, sick lv. and retirement programs. California registration, B.S. degree and 5 yrs. increasingly responsible professional nursing experience will be required. Apply to Orange County Personnel Department, 644 No. Broadway, Santa Ana, Cal.

DIRECTORS OF NURSING: (a) Leading 400 bed hosp., univ. aff. exceptional rating, no school, exc. future opport., paid univ. tuition, key city E., $7500. (b) Asst. Dir. Service, 450 bed renowned hosp., foremost N.W. city, $5000 up. (c) Dir. of Nurses, 350 bed well estab. hosp., remodeling, adding 100, 150 students, reorg. ability desirable, college town 150,000, M.W. top salary. (d) Dir. of Nurses, 200 bed gen. hosp., small school, near large ind. city, Pa. $6400-8200. (e) Dir. Nursing Service, new hosp., orthopedics, rehabilitation exp., exc. So. location, $6500. RN 10-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY POSTS: (a) Dir. Nursing Ed., plan, organize affiliation ped. hosp. and college school, unlimited opport., $6000, adj. campus leading men's univ. (b) Univ. Pre-Nursing Advisor, recruit students throughout beautiful N.W. state, teach on campus, faculty status, $5000, travel. (c) Science Inst., 450 bed med. coll. hosp., teach anatomy, physio., pharmac., Greater Manhattan, top salary. (d) Psych. Inst., newly org. coll. school, lake campus, metro area, progressive M.W. city, $5600. R.N. 10-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range $277 to $360 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY, HEAD NURSES, AND SUPERVISORY POSITIONS: Available for 88 bed gen. hosp. making plans to be enlarged to 125 beds. Located at the "World's Most Beautiful Beaches." Excellent working conditions. Liberal personnel policy. Enjoy living at year around resort center. Contact Director of Nurses, Memorial Hosp. Panama City, Fla.

[Turn the page]

8,000 clinical tests

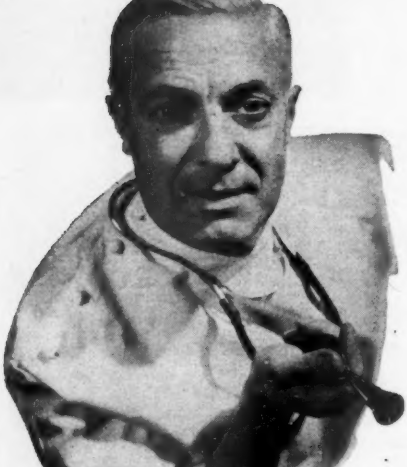
prove

easier-to-apply

A-200

PYRINATE LIQUID

kills head, crab, body lice, and their eggs ...on contact!



8,000 CLINICAL TESTS in the District of Columbia jail prove A-200 Pyrinate highly effective in killing both parasites and their eggs . . . on contact!

A-200 Pyrinate Liquid is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous, non-irritating, no tell-tale odor . . . one application is usually sufficient.

The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. A-200 Pyrinate Liquid has won quick and general acceptance by the profession wherever it has been introduced.

A Product of McKESSON & ROBBINS, Incorporated, Bridgeport, Conn.

GENERAL DUTY & OPERATING ROOM NURSES: 210 bed teaching hospital located 35 mi from NYC. Salary $260 per mo with regular increments. 40 hr wk, $20 extra for 3-11, $15 extra 11-7 am. OR nurses $10 extra per mo. Liberal personnel policies including 3 wks vacation, 12 days sick leave, Social Security. Pleasant living facilities provided if desired. Write or apply Director of Nursing, White Plains Hospital, White Plains, N.Y.

GENERAL DUTY & OPERATING ROOM NURSES: Wanted immediately for 150 bed hosp. 40 hr wk with liberal personnel policies. Nurses Home available at reasonable rates. All-graduate nursing staff. Apply Dir. of Nurses, Morrell Memorial Hospital, Lakeland, Fla.

GENERAL DUTY NURSES: 120 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk. Starting salary $280 with a charge of $23 for full maintenance. Additional $10 per mo. for evening and night duty with regular increases. Surgical Nurses starting salary $290 plus $5 per call after 5 p.m. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $300 a month, bonus of $30 for evenings and $20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: Needed for staff position in crippled children's orthopedic hospital. Salary $245 per mo plus complete maintenance or $319.50 without maintenance, 15 days vacation, 15 days sick leave, 5 day work week. Contact Director of Nurses, Carrie Tingley Hospital for Crippled Children, Truth or Consequences, N.M.

GENERAL DUTY NURSES: 50 bed approved hospital located in mountainous portion of Colo. College town. Salary $275. 40 hr wk, sick leave, vacation bonus. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: 56 bed general hospital. 20 beds to be added this summer. 40 hr wk, starting salary $275. Additional for 7-11 and 11-7. Liberal personnel policies. Hospital located in Southern Calif. Joins Los Angeles on the west and Pasadena on the north. Alhambra Community Hospital, Alhambra, Calif. Apply Mrs. Norene, Director of Nurses.

GENERAL DUTY NURSES: For 100 bed new general hospital. Personnel policies include 40 hr wk, 6 holidays, sick leave, initial salary $300 with differential for eve and night duty, merit increases. Apply Director of Nurses, Daniel Freeman Memorial Hospital, Inglewood, Calif.

GENERAL DUTY NURSES: Where the sun spends the winter on the banks of the Colorado River. Air Force Base, Army Test Station in vicinity. 5 hr scenic drive to Pacific Coast, 12 mi. to Old Mexico. 40 hr wk, salary range $300 per mo plus salary advancements, 8 pd holidays, vacation with pay, accumulated sick leave to 30 days, differential $15 pm, $10 nights. Advancement possible. Arizona registration required. A.N.A. members applications considered first. Apply superintendent of nurses, Yuma General Hospital, Yuma, Ariz.

GENERAL DUTY NURSES—AT MEDICAL CENTER: Start $275 for 40 hr wk $5 increases at 3, 9 and 15 mos. and $10 increase after 24 mos., overtime premium pay, 2 wks paid vacation, 6 pd holidays, sick leave, free medical services, Social Security. We pay hospital insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital Rochester, Minn.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings $76.80-$89.60 per wk, nights $73.60-$86.10, days $64.00-$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY & SURGICAL NURSES: Immediate openings in very friendly 15 bed General Hospital in Southern California community of 32,000. Best of working conditions and liberal personnel policies. $275 days, $285 evenings and nights and $300 surgical, plus one meal. 40 hr wk, 2 wks vacation with pay and 50% Group Insurance paid. Oxnard is located 5 miles inland from the Blue Pacific, 45 minutes from Hollywood and 45 minutes from Santa Barbara. Apply to: Superintendent of Nurses, 840 W. Fifth St., Oxnard, Calif.

GENERAL DUTY, SURGICAL & PEDIATRICS NURSES: For 275 bed general hospital in residential suburb of Chicago. 40 hr. wk. Cash salary and live in: $255 day duty, $265 pm duty, $270 night duty—plus private room in new nurses' residence, 3 meals per day and free laundry of uniforms. Cash salary and live out: $300 day duty, $310 pm duty, $315 night duty—plus one meal and free laundry of uniforms. Low rental apartments available for married nurses. Planned service increases for nurses: $10 after 60 days and at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: For all depts. 340 bed hosp conveniently located near NYC. 40 hr 5 day wk, beginning salary $260 per mo, $30 bonus for 2:30-11pm, $20 bonus for 10:30 pm-7am. Extra bonus for OR and Delivery Room. Increments are given every 6 mos for 5 yrs. 1 meal and laundering of uniforms gratis. Living quarters available at moderate cost. Excellent personnel policies. Overtime pay. 4 wks vacation after 1 yr, 8 pd holidays. Sick time cumulative to 60 days. In-staff educational program. Blue Cross insurance available. Pleasant working surroundings. Apply Director of Nursing Service, Presbyterian Hospital, Newark, N.J.

GENERAL STAFF NURSES: For 60 bed hospital, very well equipped and modern, located in northern Florida. Good personnel policies, increase in salary every 6 mos, holidays with pay, sick leave with pay and paid vacation. Apply Directress of Nurses, Catherine

M. Hurst, R.N., Suwannee County Hospital, Live Oak, Fla.

GENERAL STAFF NURSES: For 200 bed general hospital. Openings in Ped, O.B. & Med.-Surg. Minimum starting salary $255. 40 hr work wk, special consideration given for experience and qualifications. Merit increases at 6 mo, 12 mo and annually thereafter. Evening and night duty differential $10. Good personnel policies. Rooms available $20 per mo. Write Dir. of Nursing Service, Memorial Hospital, Casper, Wyo.

GENERAL STAFF NURSES: This is a friendly place to work in preferred dept. of 200 bed JCAH general hospital with an active building program. Liberal personnel policies include 40 hr wk, retirement plan, paid hospitalization insurance premium, accumulative 30 day sick leave, 2 wks vacation, 6 holidays annually, meals at cost, rooms at $20 per mo, 40 mins. from Detroit. Initial salary evenings $336.80-$371.47, nights $322.80-$357.47, days $306.80-$341.47. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: 270 bed general hospital and 72 bed maternity hospital. Starting salary $305 a month. $5 month tenure increase for each 6 mos to maximum of $335. $25 additional for afternoon and night. $25 additional for surgery. Liberal paid annual vacation. 7 paid holidays, 8 hr day and 40 hr wk, Social Security and employer-paid health and life insurance program. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: Positions on all three shifts, with no rotation of shifts. Beg. salaries $300 per mo. days, $331 eves., $326 nites. 40 hr. wk. Differentials for OR and premature Nursery. Apply Director of Nursing Service, Grant Hospital, 551 W. Grant Pl., Chicago, Ill.

GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE NURSES: For general duty, 75 bed general hospital, new, air-conditioned with modern equipment. Beginning salary $250 a mo with differential for evening and night duty and operating room nursing. Good personnel policies. 5 day, 40 hr wk, vacation, pd sick leave, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES: We're switching our style this time. Frankly, we're switching because we want to catch your eye. It's that simple. It's just our ad style that's been changed however. Our Hospital System (6 hospitals in various parts of Los Angeles County) is not changed. It's as good as ever. Of course our salaries have gone up again—Graduates begin at $303, Ass't Head Nurses begin at $337. Just write me for full information. Mrs. Betty Hartwig, R.N., Los Angeles County

★ ★

GRADUATE NURSES FOR GENERAL DUTY

Men and Women

Age limit for entrance: under 45 years

Enjoy advantages of the City and the recreational cultural activities in the Chicago Area.

Live in suburban area. Transportation from hospital to the Chicago Loop.

Activities available at the Hospital—bowling, golf, tennis, gymnasium, movies. A Social Committee plans parties and dances.

Starting salary, Junior Grade, $335.00 per month—may reach maximum of $407.00 with yearly increase of $105.00.

Higher grades and salaries based upon experience and education.

Uniform allowance. Maintenance available.

40 hour work week, 30 days vacation, 15 days sick leave, 8 holidays.

Opportunities for experience in the following clinical areas: Medical, Surgical, Tuberculosis, Psychiatry and Neurology.

***Write:* Chief, Nursing Service**

Veterans Administration Hospital, Hines, Illinois

★ ★

General Hospital, Box 1311, Los Angeles 33, Calif.

GRADUATE NURSES: The Los Angeles County Hospital System (6 hospitals) has a hospital the size and shape you want. We have a 3000 bed hospital—the Los Angeles County General. We have a 200 bed—the John Wesley Memorial. We have a hospital on the ocean—Harbor General, and one in San Fernando Valley—Olive View. Come to Los Angeles and take your pick. It's a wonderful place to live—a wonderful place to work. I'll be glad to send further information. Mrs. Betty Hartwig, R.N., Los Angeles County General Hospital, Box 1311, Los Angeles 33, Calif.

GRADUATE NURSES: It's me again. You can't say we're not trying to catch your eye. For full information write me. Betty Hartwig (see above ad for address). Thanx.

GRADUATE NURSES: A report just received indicates Los Angeles County is the second largest metropolitan area in the U.S.A. Since 1948 our population has increased over 30%. Where there is growth there is opportunity—and we're still growing. This information is provided through the courtesy of the Los Angeles County Hospital System. The hospitals with the "forward look". Write Betty Hartwig, R.N., Box 1311, Los Angeles 33, Calif.

GRADUATE NURSES: There is plenty of opportunity for further study and professional development in Los Angeles. USC and UCLA are the largest schools located in the County. Our own School of Nursing is located at the Los Angeles County General Hospital. Betty.

GRADUATE NURSES: Last year at the Los Angeles County General Hospital, Los Angeles, Calif., the patient case load was more than 1 million visits, 8000 injections were given each day, 13,000 babies were born here. If you are after professional development, this is the place for you! Our nurses do the professional job they were trained to do. Write me for further information. Betty Hartwig, R.N., Los Angeles County General Hospital, Box 1311, Los Angeles 33, Calif.

GRADUATE NURSES FOR SUPERVISING: In a 270 bed geriatrics hospital, day or night. Good salary offered, plus full maintenance. Strictly supervisory. 6 days off per mo. Pension plan included. Modern nurses' home. 8 hr. day. Call or contact Mr. Arthur E. Myers, Supt., Masonic Homes, Elizabethtown, Pa. Phone 7-1121.

INDUSTRIAL OFFICE: (a) Office, assist busy med. group, leading NYC hotel, top salary, top notch person. (b) Instructor, teach procedures of Dr.'s Asst., sm. college, M.W. RN 10-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTOR IN OBSTETRICAL NURSING: Degree required. N.L.N. fully accredited school of nursing with 120 students affiliated with Western Reserve University. 398 bed J.C.A.H. approved non-sectarian research and teaching hospital with plans for expansion in near future. Liberal personnel policies include tuition aid for advanced study at Western Reserve University. Apply Director of Nursing Education, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

INSTRUCTORS—MEDICAL & SURGICAL, CLINICAL, NURSING ARTS & PEDIATRICS: Degree in Nursing or Nursing Education or equivalent in experience and education required. Expanding, progressive School of Nursing. Starting salary $300-$350 depending upon qualifications. Contact Director of Nurses, Sewickley Valley Hospital, Sewickley, Pa.

LABORATORY TECHNICIAN: Male or female for 152 bed general hosp located 35 mi from NY served by the Lackawanna RR and Greyhound Bus. Beautiful living quarters, all private rooms nicely furnished. Completely remodeled and enlarged laboratory with full facilities for Bacteriology, Serology, Hematology, Chemistry and Tissue Pathology. Full time pathologist, 2 full time medical secretaries, 4 technicians. Salary schedule: Beginning salary for Technologist eligible for certification $250-275 per mo depending on training & experience. Certified Technologist begin $275-300 mo. Top-notch certified Technologist with good training & experience can expect to begin with at least $350 mo. Above salaries include room & board, plus 2 wks vacation with pay, 7 pd holidays, 6 days bonus pay and extra pay for night calls. Apply Dover General Hospital, Jardine St., Dover, N.J. c/o C. T. Barker, Director.

MEDICAL-SURGICAL SUPERVISOR — ADMINISTRATIVE: 500 bed voluntary hospital. Ten miles from New York City with direct transportation to Times Square in 35 minutes. Universities and colleges available both in New York and New Jersey for further education. B.S. degree and/or satisfactory experi-

ence in supervision preferred but will consider person with satisfactory experience working towards degree. Salary dependent on education and experience. 40 hr. wk., 8 holidays with full pay, 4 wks. vacation yearly, liberal sick lv. Write to: Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Avenue, Newark 12, N.J.

NURSES: Positions available for R.N.'s under age 50. General duty $330 per mo, Head nurse $345-360 per mo. Eve and night differentials, retirement plan, sick leave benefits, 11 holidays, 3 wks vacation, modern nurses residences, state eligibility for Calif. registration and submit photo to Director of Nurses, Tulare-Kings Counties Hospital, Springville, Calif.

NURSES: Head Nurses, Supervising Nurses and Graduate Staff Nurses (men or women) in a 6500 bed psychiatric hospital 40 mi from Chicago. 5 day wk, 2 wks vacation per yr plus holidays. Maintenance available for $38 per mo. Openings in medicine, surgery, OR, psychiatric and tuberculosis wards. Salary $300 per mo and up depending on assignment and qualifications. Pay differential for tuberculosis wards. Apply to Superintendent, Elgin State Hospital, Elgin, Ill.

NURSES: Psychiatric registered nurses-head nurses, supervising nurses, psychiatric nursing instructors (men and women) for State Hospitals for assignment of areas where student affiliate nurses are assigned. Salaries ranging from $2,760 to $5,040, opportunities for advancement, excellent retirement and insurance plan, 40 hr work wk, full maintenance only $38 per mo, working conditions meet approved minimum employment standards of Illinois State Nurses' Association. Write: Chief of Nursing Service, Dept. of Public Welfare, Room 403, State Office Building, Springfield, Ill.

NURSES: Graduate, registered, staff, inservice education, liberal personnel policies, rotating shifts. Located near Gulf. Social Security and retirement plan available. Starting salary $300. Apply Nursing Supervisor, Polio Center, 1801 Buffalo Drive, Houston 3, Tex. CA 4-7875.

NURSES: Modern 200 bed, fully accredited hosp. in beautiful Cumberland Valley college town, has openings in General Duty (Medical and Surgery), Operating Room, Pediatrics, Maternity and Nursery. Friendly, informal atmosphere. 40 hr wk, 7 pd. holidays. Free hospitalization, Social Security, 2 wks vacation after 1 yr, other benefits. Apply Dorothy D. Bollinger, R.N., Director of Nursing, Chambersburg Hospital, Chambersburg, Pa.

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N. Y.

NURSES: General Duty Nurses $250 to $305. Immediate openings for all shifts. Operating Room nurses $280 to $310 with additional pay for call. 165 bed approved general hospital. 40 hr. wk. Excellent personnel policies. Board & room at nominal cost in new Nurses

For soothing antibacterial throat relief!

Always recommend pleasant-tasting antibacterial Cēpacol® for relief of sore, irritated throat due to colds . . . for daily oral hygiene. Cēpacol leaves mouth fresh, breath sweet. For soothing throat comfort at home or away, suggest convenient-to-use Cēpacol Lozenges in easy-to-carry foil strips.

Cēpacol

Professional Sample Offer

Oral Hygiene, Dept. D
The Wm. S. Merrell Company
Cincinnati 15, Ohio

Gentlemen: Please send me a professional package of Cēpacol.
Cēpacol Solution ☐ Cēpacol Lozenges ☐

NAME _____ RN

ADDRESS _____

CITY _____ ZONE ____ STATE ____

Home. Wonderful climate. Close to Denver. Warren Air Force Base in city. Apply to Director of Nursing Service, Memorial Hospital, Cheyenne, Wy.

NURSES: 1. Operating Room Supervisor with special training in anesthesiology, salary open. 2. Operating Room Nurses, salary $320 per mo. 3. Staff Nurses for Nursing Areas, salary $270 per mo. Liberal personnel policies, full maintenance provided, 40 hr work wk, 2 wks vacation with pay after 1 yr service. Apply to: Director of Nursing, White Pine County General Hospital, Ely, Nev.

NURSES, REGISTERED: 32 bed hospital, excelent salary, rooms available at $10 per mo., liberal personnel policies. Mining town located 45 miles NE Tucson. Apply to Mrs. Hazel G. Bennett, R.N., Supt. of Nurses, San Manuel Copper Corp. Hospital, San Manuel, Ariz.

NURSES, REGISTERED: All shifts. Good salary and personnel policies. Apply Personnel Office, Middlesex General Hospital, New Brunswick, N.J.

OBSTETRIC SUPERVISOR: For unit in suburban hospital 30 mi north of Chicago. Department being enlarged in our general expansion. Experience and post-graduate course required. Apply to Director of Nurses, Lake Forest Hospital, Lake Forest, Ill.

OBSTETRICAL CLINICAL INSTRUCTOR: B.S. Degree and obstetrical experience or post-graduate course in OB with 1 yr college. NLN temporarily accredited school of nursing with college affiliation. 70 students, 40 hr wk, 4 wks vacation, 6 pd holidays, sick leave, Blue Cross-Blue Shield, Social Security. 240 bed general hospital. Apply Director School of Nursing, Reid Memorial Hospital, Richmond, Ind.

OPERATING ROOM & GENERAL DUTY NURSES: For small general hospital. Monthly salary $239.69 plus full maintenance, $20 additional for eve shift, $10 additional for night. 10 days vacation after 1 yr, 12 days sick leave annually, 6 pd holidays, 40 hr wk. New York State License required. Apply Director of Nurses, Jamestown Gen. Hospital, Jamestown, N.Y.

OPERATING ROOM CLINICAL INSTRUCTOR: B.S. Degree and operating room experience or post-graduate course in OR with 1 yr college. NLN temporarily accredited school of nursing with college affiliation, 70 students, 40 hr wk, 4 wks vacation, 6 pd holidays, sick leave, Blue Cross-Blue Shield, Social Security. 240 bed hospital. Apply Director, School of Nursing, Reid Memorial Hospital, Richmond, Ind.

OPERATING ROOM NURSES: For 200 bed hospital. Openings for Ass't Supervisor and Staff. Minimum starting salary $255. 40 hr work wk, Special considerations given for experience and qualifications. $20 per mo for call. Average call 2 nights per wk. Good personnel policies, rooms available $20 per mo. Write Director of Nursing Service, Memorial Hospital, Casper, Wyo.

OPERATING ROOM NURSES: 350 bed general hospital near University, 20 mi from Gulf Beaches. Salary $239 to $261 mo to start, plus laundering of uniforms. 40 hr wk. F.orida registration required. Apply Director of Nursing Service, Tampa Municipal Hospital, Tampa 6, Fla.

OPERATING ROOM NURSES—AT MEDICAL CENTER: Start $285 for 40 hr wk $5 increase at 3, 9, and 15 mos., $10 increase after 24 mos. Overtime premium pay, paid vacation, 6 paid holidays, sick leave, free medical services. Social Security. We pay hospitalization insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital, Rochester, Minn.

OPERATING ROOM SUPERVISOR: 118 bed Gen. Hosp. in a beautiful residential auburb along the North Shore of Chicago. Modern ranch style nurses homes with attractively furnished private bedrooms. 40 hr. wk. Contact Director of Nursing Services, Highland Park Hospital Foundation, Highland Park, Ill.

OPERATING ROOM SUPERVISOR: Experience required, 32 bed hospital, salary $16.08 per day, room available at $10 per mo. Apply to Mrs. Hazel G. Bennett, R.N., Supt. of Nurses, San Manuel Hospital, San Manuel, Ariz.

OPERATING ROOM SUPERVISOR: Position available in modern, well equipped hospital located in heart of Ohio Vacationland. Liberal personnel policies, 40 hr wk. salary open depending upon preparation and experience. Apply Director of Nursing, Good Samaritan Hospital, Sandusky, Ohio

OPERATING ROOM SUPERVISOR: Starting $325 monthly plus meals, pd vacation, sick leave and Social Security. Apply Director of Nurses, Memorial Hospital, Logansport, Ind.

[Turn the page]

PALM SPRINGS CALIFORNIA OPPORTUNITIES: Staff nurses and operating room. 38 bed hospital in America's winter resort area. Wages are top for resort area. 5 day wk, 7 pd holidays, 2 wks vacation after 1 yr, 3 wks after 3 yrs and sick leave. If interested contact Director of Nurses, Desert Hospital, P.O. Box EE, Palm Springs, Calif.

PEDIATRICS, STAFF & OPERATING ROOM NURSES: New 104 bed general hospital, latest equipment, ideal location, banks of St. Joseph River, heart of the Fruitbelt, Lake Michigan shores. Living accommodations available. Jr. College in area. 2 hrs from Chicago. 40 hr wk, basic salary $260, shift bonus, good personnel policies, friendly community. For details write Nursing Director, Memorial Hospital, St. Joseph, Mich.

PEDIATRICS TEACHING SUPERVISOR: Position open, 275 bed, accredited hospital school of nursing. Degree and experience preferred. Liberal salary, 5 day wk, Social Security, 3 wks vacation, 6 holidays, 14 day sick leave. Apply Director of Nurses, Lima Memorial Hospital, Lima, Ohio

PUBLIC HEALTH: (a) Instructor, faculty status, leading univ., participate administration, student, staff educ. prog., commuting distance NYC, 9 mo. apptmt, $550. (b) Supv. District Nurse Assoc., newly org. prog., $4800, M.W. (c) P.H. Nurse Consultant, public, private agencies of state hlth, service, $6600, expenses, S.W. RN 10-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSE: $370, $391, $413, $436 starting salary dependent upon qualifications. Generalized program. County Car or 8 cents per mile, 37½ hr. wk. For further information write to: Garold L. Faber, M.D. M.P.H., Director, Butte County Health Dept., P.O. Box 1100, Chico, Calif.

PUBLIC HEALTH NURSE: Salary range $364-$444 in 5 steps. Recruiting $384. Generalized program. County car furnished. California registration required. Apply Imperial County Health Dept., El Centro, Calif.

QUALIFIED PUBLIC HEALTH NURSE AND REGISTERED NURSE: Salary for public health nurse $4000. Immediate appointment on a provisional basis. Permanent appointment with increases up to $5080, 37 hr. wk., liberal vacation and personnel policies, pension rights, in-service training, promotional opportunities. Generalized service including maternal and child care, school health and communicable disease control. Salary for registered nurses $3500-3980. Opportunity for registered nurses seeking public health qualifications. Immediate appointment, 37 hr. wk., liberal personnel policies. Applicants must be able to matriculate for public health nursing courses at university. Applicants (except N.Y. State veterans) must not have reached 36th birthday. Write or call the New York City Department of Health, 125 Worth St., New York 13, N.Y.

R.N.'S: 225 bed general hosp. Las Vegas, Nev. Base salary $300 mo. or $3600 annually. Pd holidays, sick leave, vacation time, hosp insurance, annual increments. Contact Personnel Dept., Southern Nevada Memorial Hospital, Las Vegas, Nev.

R.N. SUPERVISORS: New 32 bed general hospital, starting salary $275.00 for night duty, raise in salary after six months. Meals furnished and uniforms laundered. Two wks. vacation and sick lv. For further information, write Memorial Hospital, Pecos, Tex.

REGISTERED NURSE: Immediate opening staff, charge nurse, surgery-central supply. Clinical instructor. Salary $230.00 to $270.00 and upward. Maintenance if desired. 44 hr. wk. Experience in psychiatric nursing preferred, not required. In-Service Educational Program Psychiatric Aides. Write or wire Director of Nursing Service, Western State Hospital, Tennessee.

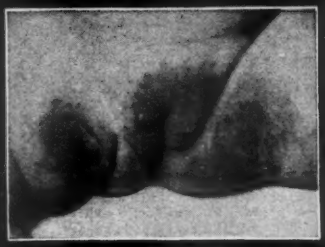
REGISTERED NURSE: Salary $305-385 in 5 steps. Recruiting salary $325. Generalized field nursing program. County car furnished. California registration or eligible. Apply County Health Dept., El Centro, Calif.

REGISTERED NURSE: Supervisory position, small mental institution. 40 hr. wk. $300 month plus full maintenance. Pd. vacation. 2 wks. sick leave, holidays. Darlington Sanitarium, Box 559, West Chester, Pa.

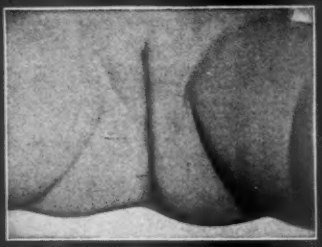
REGISTERED NURSE: For night duty in state approved 10 bed maternity hospital, 40 hr wk, starting salary $250 per mo. May live in if desired. Write Executive Director, Ingleside, 70 Harvard Place, Buffalo 9, N.Y.

REGISTERED NURSE FOR GENERAL DUTY: 50 bed modern hospital. Good living and working conditions. Salary $280.00. Apply W. R. Coe Memorial Hospital, Cody, Wy.

[Turn the page]



Aug. 25. A typical case of diaper rash, characterized by excoriation and soreness.



Sept. 1. After only one week of local applications with White's Vitamin A & D Ointment each time diaper was changed, the skin surface is normal.

it's becoming routine therapy

particularly in

prevention and treatment of diaper rash

and in many other common skin conditions: burns, cuts, sunburn, chafing, prickly heat, chapping, cracked nipples

White's Vitamin A & D Ointment

it's healing...soothing...protective.

Provides A & D vitamins in the same ratio as found in cod liver oil.

KEEP A TUBE OF THE NEW
ECONOMICAL 4 OZ. SIZE
HANDY FOR EMERGENCIES
AND ROUTINE SKIN CARE

WHITE LABORATORIES, INC.
KENILWORTH, N. J.

REGISTERED NURSES: Would you like to enjoy the winter in one of Florida's most beautiful resort towns, winter home of the Brooklyn Dodgers, and be able to work in a modern air conditioned sixty bed hospital. A 40 hr. wk. and openings on all shifts. Director of Nurses, Indian River Memorial Hospital, Vero Beach, Fla.

REGISTERED NURSES: Needed for care of mentally retarded children. An expanding State school, present capacity 160. Basic salary $3600 per annum with maintenance and subsistence provided. Apply Supervising Nurse, Los Lunas, Hospital & Training School, P.O. Box 208, Los Lunas, New Mexico.

REGISTERED NURSES: 28 bed company owned hospital, immediate vacancy for operating room-clinic nurse. Openings for general duty. Salary $16.38 and $15.23 per day respectively, including complete maintenance. 5 day, 40 hr. wk. Pd. vacations, Social Security, etc. Apply Dorothy M. Haman, Supt., Steptoe Valley Hospital, East Ely, Nev.

REGISTERED NURSES: General staff duty. Beginning salary $285 per month and $10 shift differential, 40 hr. wk., 7 pd. holidays, yearly vacation, health insurance program. Uniform laundry provided. Mark Twain Hospital District, San Andreas, Calif.

REGISTERED NURSES: New 40 bed hospital, Texas vacation land, near large cities. Excellent salary and personnel policies—staff duty. Write Administrator, New Braunfels Hospital, Inc., New Braunfels, Texas.

REGISTERED NURSES: For general duty in 30 bed hospital, no OB or surg. Alternating shift, $275 starting salary, 40 hr wk, pd vacation, sick leave, pd holidays, laundry & meals while on duty & many other fringe benefits. 30 mins. from Gulf coast, close to city. Apply or write to Chas. H. Ewing Memorial Hospital, Sinton, Tex.

REGISTERED NURSES: Male and female. Starting salary $300 up plus $10 pm shifts. 40 hr wk, Social Security, paid vacation, 10 days sick leave, hospital group insurance. Apply Mr. Glenn A. Dickau, R.N., Administrator, Corning Memorial Hospital, Corning, Calif.

REGISTERED NURSES: 140 bed Physical Medicine and Rehabilitation Hospital, fully accredited by JCAH, accepting patients with physical handicaps. Begin at $280 monthly with differential for evening and night duty. Quarters and meals available for $35 month.y. Uniforms laundered. Completely air-conditioned hospital well located in relation to San Antonio, Austin and Gulf Coast. Contact Director of Nursing, Gonzales Warm Springs Foundation, Gonzales, Tex.

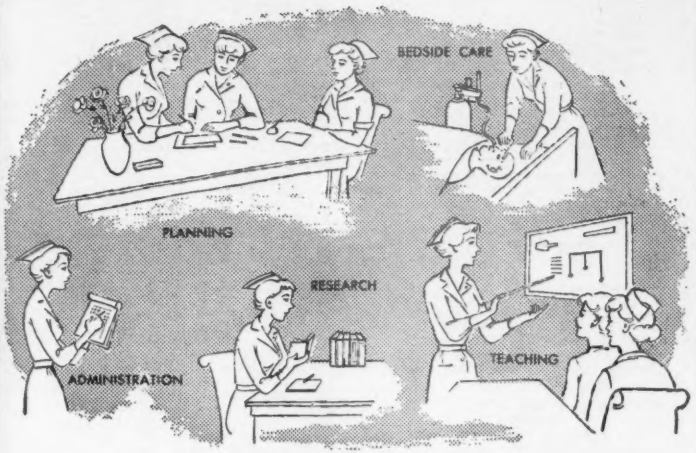
REGISTERED NURSES: Positions available at 398 bed J.C.A.H. non-sectarian research and teaching hospital with N.L.N. fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reasonable rates. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

REGISTERED NURSES: Near the Ski Capital of the East. Gen. duty and OR. 40 hr wk, liberal vacations, sick leave, holidays, other benefits. Write Administrator, Kerbs Memorial Hospital, St. Albans, Vt.

REGISTERED NURSES: For Veterans Administration Hospital, Fort Howard, Maryland, located 15 mi from Baltimore. 437 bed GM&S Hospital. Personnel policies include 40 hr wk, 30 days annual leave, 15 days sick leave and 8 holidays. Salaries, Junior Grade $4025, Associate Grade $4730 with yearly increases. Non-housekeeping quarters available. Uniform allowances and laundry provided. Openings for both men and women interested. Contact Chief, Nursing Service, VAH, Fort Howard, Md.

REGISTERED NURSES: In progressive 260 bed fully approved hospital, located in beautiful, exciting, western city with ideal climate, mild winters, 5 day wk, 40 hrs. Starting salary—staff nurses, $3480 per yr increased to $4080 over a 3 yr period. Surgical nurses—starting salary, $3720 per yr increased to $4390 over 3 yr period. Benefits include pd vacations, sick leave, holidays, hospital insurance, free laundry of uniforms, nursery for children of employees at a nominal rate and State Pension Plan. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: Salary scale $250 to $285 per mo, 40 hr wk, differential for eve and night duty, $17 per mo, beginning salary based on length and recency of experience, increases every 6 to 12 mos, increases beyond maximum on basis of merit. 2 wks sickness



NURSING

IS AN EXCITING ADVENTURE

AT THE MINERS MEMORIAL HOSPITALS

Nursing at the Miners Memorial Hospitals, in and around the coal fields, will never become routine. The nursing organization enables nursing service personnel to make their best contribution to the patients they serve. Unique physical facilities—centralized service core, pre-packaged supplies, equipment readily available in the nursing unit—provide the opportunity for the bedside nurse to plan and execute expert nursing care. In-service education programs encourage professional development through experience in leadership, teaching, administration and clinical nursing. Monthly salaries for team leaders begin at $405 for a forty-hour week. Shift differentials, salary increases and a no-expense retirement plan are just some of the benefits provided.

MINERS MEMORIAL HOSPITAL ASSOCIATION
1427 Eye St., N.W. Washington 5, D.C.

allowance, 3 wks vacation, opportunities for university study. Address inquiries to: Director of Nursing Rochester General Hospital, Rochester 8, N.Y.

REGISTERED NURSES: 2, for general duty in 18 bed hospital. Salary $265 to $300 plus partial maintenance. Sick leave and holidays. Write Superintendent Beaver County Hospital, Milford, Utah.

REGISTERED NURSES: For 82 bed general hospital, new and modern, located in heart of West Texas. Wonderful year round climate. Numerous opportunities for advancement. Openings in OB, Surg. and Med-Surg. Staff nurses starting salary $275, $10 differential for 3-11 and 11-7. Surgical Nurses $300. Nurses home available. Jr. College in nearby town provides opportunity for advanced work. Write Director of Nursing, Memorial Hospital, Midland, Tex.

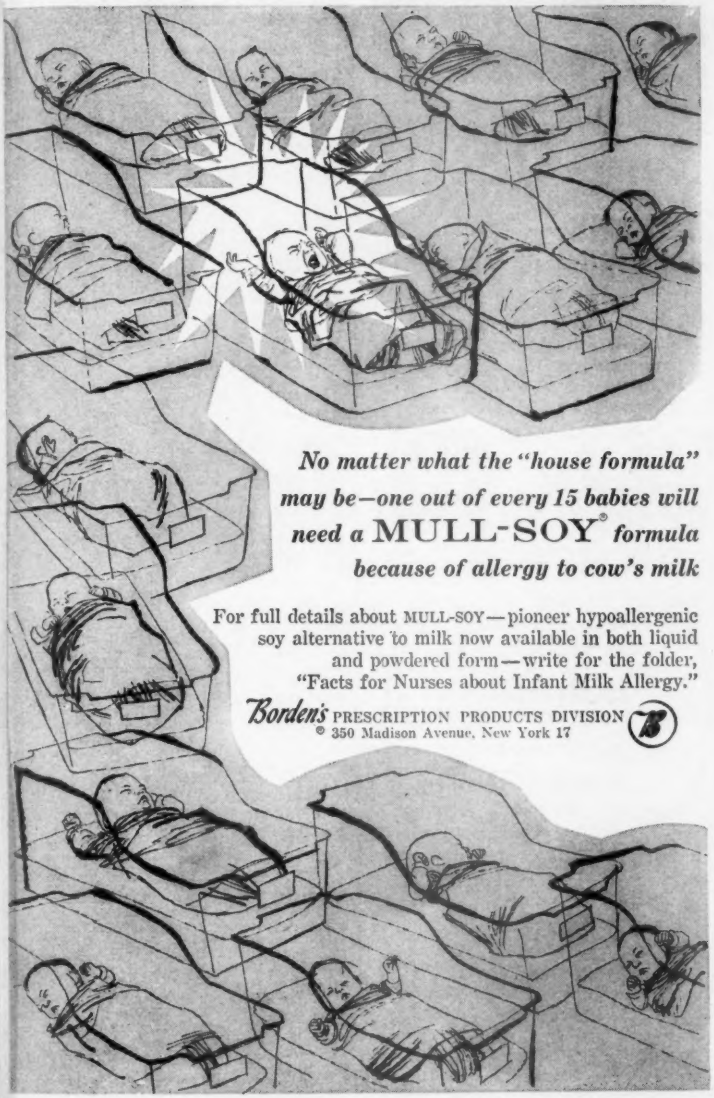
REGISTERED NURSES: 350 bed general hospital near University, 20 mi. from Gulf Beaches. Salary $225 to $247 mo. to start, plus laundering of uniforms. 40 hr wk. Florida registration required. Apply Director of Nursing Service, Tampa Municipal Hospital, Tampa 6, Fla.

REGISTERED PROFESSIONAL NURSES: Live and work in beautiful San Diego. Positions open include administrative and staff nursing in our large progressive metropolitan General Hospital and outlying Geriatric Hospital, year around Camp nursing with school children and Public Health nursing in a generalized program. For details about permanent well-paid Civil Service positions write San Diego County Civil Service, Room 402 Civic Center, San Diego 1, Calif.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr. week. Differential salary for evening, nights and operating room. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

REGISTERED STAFF NURSES: Never a dull moment for the graduate nurses who decide they would like to join us at the University of Texas Medical Branch Hospitals. We work a 40 hr wk in our air conditioned hospitals, leaving 168 hrs to enjoy the beach and nearby resorts. Galveston boasts an average temperature in the low seventies which means that swimming, fishing, horseback riding and sailing can be enjoyed the year round. We have positions available in the clinical area of your choice. Our staff nurses monthly salaries begin at $264 for rotation and $277 for extended evenings or nights. Uniforms are laundered free. We have liberal personnel policies and opportunities for advancement. Comfortable air-conditioned residences including maid service are available at moderate cost. There are excellent opportunities for advanced study leading to both B.S. and M.S. Degrees. Write for further information to the: Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Tex.

SMALL NEURO-PSYCHIATRIC HOSPITAL: In Birmingham, Ala., wants immediately fe-



No matter what the "house formula" may be—one out of every 15 babies will need a MULL-SOY® *formula because of allergy to cow's milk*

For full details about MULL-SOY—pioneer hypoallergenic soy alternative to milk now available in both liquid and powdered form—write for the folder, "Facts for Nurses about Infant Milk Allergy."

Borden's PRESCRIPTION PRODUCTS DIVISION
350 Madison Avenue, New York 17

male R.N. who has had psychiatric experience, for job as Head Supervisor. Salary depends on experience. Write Hill Crest Sanitarium, Box 2896 Woodlawn, Birmingham 6, Ala.

STAFF NURSE POSITIONS AVAILABLE: 600 bed General and Tuberculosis Hospitals with student programs. In central valley city of 108,000. State and junior colleges afford opportunity for advanced education. Liberal personnel policies. Salary $300 with 4 annual increases to $340. Full maintenance available at $45 monthly. Write to Associate Director of Nursing Service, Fresno County General Hospital, Fresno, Calif.

STAFF NURSES: For 340 bed hospital. Full or part time. Medical and surg. nursing units and obs. Liberal personnel policies. Will arrange time for attendance at University. Write Director Nursing Service, White Cross Hospital, Columbus, Ohio

STAFF NURSES: Wide clinical experience. 40 hr wk, starting salary $300 mo. Please write to Dept. of Nursing for further details, University Hospital, Ann Arbor, Mich.

STAFF NURSES: For 225 bed Southern California hospital on coast. Attractive personnel policies including 40 hr wk. Salary for California registered nurses starts at $265 and increases on merit rating. Apply Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

STAFF NURSES: For 45 bed general hospital, completely remodeled and new equipment. 44 hr. week. Starting salary $250 up. Good working conditions. Liberal personnel policy. Apply Administrator, Coon Memorial Hospital, Dalhart, Tex.

STAFF NURSES: For modern 650 bed tuberculosis hosp. affiliated with Western Reserve Univerasity and approved by joint commission on accreditation of hospitals. 40 hr wk, 5 day week. Salary $293 to $323, with automatic increases. Full maintenance available at minimum rate. Housing for two or more nurses. Advancement for eligible applicants. Meets approved minimum employment standards of the State Nurses' Association. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

STAFF, SCRUB: (a) Staff, Alaska, travel by boat along coast, assist in hlth program, $4200. (b) Scrub, participate research team, ideal S.F. Calif. location, $400. RN 10-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STUDENT HEALTH: (a) Infirmary nurse, renowned fashionable college for women, 35 bed unit, adequate staff, ideal working conditions, beautiful living quarters., E. RN 10-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISING NURSE: 40 bed Obstetrical Department. Four wks vacation, 12 days sick leave, salary open. Experience necessary. Write for details Director of Nursing Service, White Cross Hospital, 700 North Park St., Columbus, Ohio

[Turn the page]

one application of

DESITIN® OINTMENT

helps protect the infant's skin against

diaper rash (ammoniacal dermatitis) • **irritation** • **excoriation**

• tubes of 1 oz., 2 oz., 4 oz.

• 1 lb. jars.

DESITIN OINTMENT covers the infant's skin with a soothing, protective, healing coating which is largely impervious to and helps guard against irritation, rash, and maceration caused by urine, excrement, perspiration and secretions. This preventive action of Desitin Ointment *persists all through the night*... when baby is particularly vulnerable to painful skin excoriations.

Nonsensitizing, nonirritant Desitin Ointment.. **rich in cod liver oil** ....successfully used on millions of infants for over 30 years.

for **samples** *and literature please write....*

DESITIN CHEMICAL COMPANY Providence, R.I

1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. Med. 53:2233, 1953. **2.** Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951. **3.** Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surgery 18:512, 1949. **4.** Turell, R.: New York St. J. Med. 50:2282, 1950. **5.** Marks, M. M.: Missouri Med. 52:187, 1955.

SUPERVISING PUBLIC HEALTH NURSES: For a rapidly expanding generalized program including clinic services. Salary, $4500 with yearly increases to $5160. Liberal personnel policies. Apply to Miss Madelyn N. Hall, Director, Division of Public Health Nursing, Department of Public Health, Room 615, City Hall Annex, Philadelphia 7, Pa.

SUPERVISORS: (a) P.M. Supv. 35 bed hosp., exc. opport. utilize adm. ability, near large city, good working conditions, salary, N.W. (b) Ped. Supv. 300-bed hosp, best personnel policies, new modern facilities, $5000, Ohio. (c) OB, 250 bed hosp. near Lake Michigan, good e.duc. possibilities, metropolitan area, univ. center, $5000, M.W. (d) Supv., home for 80 retired business-women, beautiful grounds, wealthy suburb, attrac. liv. accom., act as asst. adm. (e) OR Supv. & Asst., brand new air-conditioned OR suite, latest equip., conveniences, near Wash. D.C. RN 10-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR: 3-11 pm, 332 bed general hospital with school of nursing, degree and experience desired, 40 hr wk, liberal personnel policies, living accommodations available, salary commensurate with qualifications, position available immediately. Apply Director of Nursing, Toledo Hospital, Toledo 6, Ohio

SUPERVISOR-ANESTHETIST: Immediate opening, small general hospital, SW mining town. Good salary, excellent working conditions. Supervisory experience necessary. Living quarters available. Box WCH-1 c/o R.N. Magazine, Oradell, N.J.

SUPERVISORS-ASSISTANT: Medical-surgical-obstetrical, 402 bed general hospital, 3 yr diploma program, 65 students, affiliated with Union Junior College. Good personnel policies, salary dependent upon qualifications and experience. Apply to Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

SUPERVISORY & GENL DUTY: Positions in general hospital, suburb of Washington, D.C. New air-cond. wing, piped-in oxygen, nurse-pt. intercom, 40 hr wk, merit increases. Nearby universities for continued education. Suburban Hospital, Bethesda, Md.

When You Change Your Name And/Or Address . . .

the best way to insure the arrival of your R.N. is to remember the following:

(1) Send notification of your new name and/or address at least 30 days in advance of such change.

(2) Enclose the name-and-address portion of your latest R.N. wrapper along with your new name and/or address.

(3) Mail all correspondence to Circulation Department, The Nightingale Press, Inc., Rutherford, New Jersey.

The Beech-Nut formula for Baby Foods:

Painstaking devotion to the highest standards of quality

This formula means buying only choice fruits and carefully cultivated vegetables from select farms and orchards. They are then painstakingly cleaned and prepared by Beech-Nut experts to preserve the "just picked" freshness and fine natural flavor, with maximum retention of vitamins and minerals.

5 Pre-Cooked Baby Foods
28 Strained Foods
27 Junior Foods

BEECH-NUT BABY FOODS

Canajoharie, New York

WHERE TO FIND OUR ADVERTISERS

to balance the bland diet...

Ovaltine with milk, included in the "bland" or special diet, helps to balance and satisfy the complete nutritional requirements of the patient. By increasing levels of nutrients which are deficient in milk, Ovaltine assures minimum daily requirements of B vitamins, ascorbic acid and iron.

Ovaltine adds zest and appeal to the unappetizing, uninteresting restricted menu. Its balanced protein, vitamin and mineral formula favors weight gain, increases resistance and helps combat the strains of today's living.

Ovaltine is equally tempting hot or cold. This refreshing beverage may be taken at mealtimes, during "break" periods, or as a sleep inducing nightcap. Because it reduces the curd tension of milk over 60%, Ovaltine is kind to sensitive stomachs.

OVALTINE®

The World's Most Popular Fortified Food Beverage

The Wander Company, 105 W. Adams St., Chicago 3, Ill.

"Trilene"®

Brand of trichloroethylene U.S.P. (Blue)

"Duke"® University Inhaler

No. 3160 Model-M

FOR SELF-ADMINISTERED INHALATION ANALGESIA

IN OBSTETRICS

IN MINOR SURGERY

IN PEDIATRICS

■ Notably safe and effective

"Trilene," self administered with the "Duke" University Inhaler, under proper medical supervision, provides highly effective analgesia with a relatively wide margin of safety.

■ Convenient to administer

The "Duke" University Inhaler (Model-M) is specially designed for economy, facility of handling, and ready control of vapor concentration.

■ Special advantages

- Induction of analgesia is usually smooth and rapid with minimum or no loss of consciousness
- Patients treated on an ambulatory basis can usually leave the doctor's office or hospital within 15 to 20 minutes
- Inhalation is automatically interrupted if unconsciousness occurs

"Trilene" *alone* is recommended only for analgesia, not for anesthesia nor for the induction of anesthesia. Epinephrine is contraindicated when "Trilene" is administered.

"Trilene" is available in 300 cc. containers, 15 cc. tubes.

Ayerst Laboratories • New York, N. Y. • Montreal, Canada

Ayerst Laboratories make "Trilene" available in the United States by arrangement with Imperial Chemical (Pharmaceuticals) Limited.

Ayerst®

5516

When the aches of a "cold" make office days difficult BUFFERIN® gives fast pain relief

The malaise of the common cold, dysmenorrhea, headache—all these and other minor discomforts are magnified on days when pressure is greatest. Take BUFFERIN, the sodium-free antacid analgesic. It acts twice as fast as aspirin, but won't upset your stomach like aspirin. With this prompt relief of pain you will find it easier to continue working, even on your most arduous days.

Each BUFFERIN tablet provides 5 gr. of acetylsalicylic acid with the antacids aluminum glycinate and magnesium carbonate. BUFFERIN *contains no sodium*, thus is suitable for cardiovascular patients and others on salt-restricted diets.

BRISTOL-MYERS COMPA
19 West 50 Street, New York 2 N. Y.

ef

ke

RIN